

Fill in this information to identify your case:

United States Bankruptcy Court for the:

Northern District of: Illinois  
(State)

Case number (if known) \_\_\_\_\_

Chapter you are filing under:

Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

Check if this is an amended filing

## Official Form 101

# Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Identify Yourself

|   | About Debtor 1:  | About Debtor 2 (Spouse Only in a Joint Case):   |
|---|--|---|
| <b>1. Your full name</b><br><br>Write the name that is on your government-issued picture identification (for example, your driver's license or passport)<br><br>Bring your picture identification to your meeting with the trustee. | <p>Kendra<br/>First name</p> <p>Jeffery<br/>Middle name</p> <p>Jeffery<br/>Last name</p> <p>Suffix (Sr., Jr., II, III)</p> | <p>First name</p> <p>Middle name</p> <p>Last name</p> <p>Suffix (Sr., Jr., II, III)</p>                     |
| <b>2. All other names you have used in the last 8 years</b><br><br>Include your married or maiden names.  | <p>First name</p> <p>Middle name</p> <p>Last name</p> <p>First name</p> <p>Middle name</p> <p>Last name</p>                | <p>First name</p> <p>Middle name</p> <p>Last name</p> <p>First name</p> <p>Middle name</p> <p>Last name</p> |
| <b>3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)</b>   | <p>XXX - XX- <u>4053</u></p> <p>OR</p> <p>9 XX - XX- _____</p>   | <p>XXX - XX- _____</p> <p>OR</p> <p>9 XX - XX- _____</p>  |

Debtor 1 Kendra  
First Name

Middle Name

Jeffery  
Last Name

Case number (if known)

#### About Debtor 1:

#### 4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

I have not used any business names or EINs.

Business name

Business name

Include trade names and doing business as names

EIN

EIN

#### About Debtor 2 (Spouse Only in a Joint Case):

I have not used any business names or EINs.

Business name

Business name

EIN

EIN

#### 5. Where you live

9020 S Ada

Number Street

Chicago Illinois 60620  
City State Zip Code

Cook

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

City State Zip Code

#### If Debtor 2 lives at a different address:

Number Street

City State Zip Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number Street

City State Zip Code

#### 6. Why you are choosing this district to file for bankruptcy

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain. (See 28 U.S.C. §§ 1408.)

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain. (See 28 U.S.C. §§ 1408.)

Debtor 1 Kendra \_\_\_\_\_ Jeffery \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 2: Tell the Court About Your Bankruptcy Case**

**7. The chapter of the Bankruptcy Code you are choosing to file under** Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy*(Form B2010)). Also, go to the top of page 1 and check the appropriate box.

Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

**8. How you will pay the fee**

**I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

**I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay Your Filing Fee in Installments* (Official Form 103A).

**I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

**9. Have you filed for bankruptcy within the last 8 years?**

No.

Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY  
MM / DD / YYYY  
MM / DD / YYYY

**10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**

No.

Yes. Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY  
MM / DD / YYYY  
MM / DD / YYYY

**11. Do you rent your residence?**

No. Go to line 12.

Yes. Has your landlord obtained an eviction judgment against you?

No. Go to line 12.

Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1 Kendra \_\_\_\_\_ First Name      Middle Name Jeffery \_\_\_\_\_ Last Name Case number (if known) \_\_\_\_\_

**Part 3: Report About Any Businesses You Own as a Sole Proprietor**

**12. Are you a sole proprietor of any full- or part-time business?**

No. Go to Part 4.  
 Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

Name of business, if any

Number \_\_\_\_\_ Street \_\_\_\_\_

\_\_\_\_\_

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

*Check the appropriate box to describe your business:*

Health Care Business (as defined in 11 U.S.C. § 101(27A))  
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
 Stockbroker (as defined in 11 U.S.C. § 101(53A))  
 Commodity Broker (as defined in 11 U.S.C. § 101(6))  
 None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

For a definition of small business debtor, see 11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).*

No. I am not filing under Chapter 11.  
 No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.  
 Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**

**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

No.  
 Yes. What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number \_\_\_\_\_ Street \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Debtor 1 Kendra  
First Name

Middle Name Jeffery  
Last Name

Case number (if known) \_\_\_\_\_

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**

**About Debtor 1:**

**15. Tell the court whether you have received briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

*You must check one:*

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.
- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.
- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

- Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

*You must check one:*

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.
- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.
- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

- Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 Kendra \_\_\_\_\_ Jeffery \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 6: Answer These Questions for Reporting Purposes**

|  |  |  |  |
|--|--|--|--|
| <b>16. What kind of debts do you have?</b>   | 16a. <b>Are your debts primarily consumer debts?</b> <i>Consumer debts</i> are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."<br><input type="checkbox"/> No. Go to line 16b.<br><input checked="" type="checkbox"/> Yes. Go to line 17.   |  |  |
|  | 16b. <b>Are your debts primarily business debts?</b> <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.<br><input type="checkbox"/> No. Go to line 16c.<br><input type="checkbox"/> Yes. Go to line 17.  |  |  |
|  | 16c. State the type of debts you owe that are not consumer debts or business debts.<br><hr/>   |  |  |
| <b>17. Are you filing under Chapter 7?</b><br><b>Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?</b> | <input type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18.<br><input checked="" type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?<br><input checked="" type="checkbox"/> No.<br><input type="checkbox"/> Yes. |  |  |
| <b>18. How many creditors do you estimate that you owe?</b>  | <input checked="" type="checkbox"/> 1-49<br><input type="checkbox"/> 50-99<br><input type="checkbox"/> 100-199<br><input type="checkbox"/> 200-999   | <input type="checkbox"/> 1,000-5,000<br><input type="checkbox"/> 5,001-10,000<br><input type="checkbox"/> 10,001-25,000  | <input type="checkbox"/> 25,001-50,000<br><input type="checkbox"/> 50,001-100,000<br><input type="checkbox"/> More than 100,000  |
| <b>19. How much do you estimate your assets to be worth?</b>   | <input checked="" type="checkbox"/> \$0-\$50,000<br><input type="checkbox"/> \$50,001-\$100,000<br><input type="checkbox"/> \$100,001-\$500,000<br><input type="checkbox"/> \$500,001-\$1 million  | <input type="checkbox"/> \$1,000,001-\$10 million<br><input type="checkbox"/> \$10,000,001-\$50 million<br><input type="checkbox"/> \$50,000,001-\$100 million<br><input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> \$500,000,001-\$1 billion<br><input type="checkbox"/> \$1,000,000,001-\$10 billion<br><input type="checkbox"/> \$10,000,000,001-\$50 billion<br><input type="checkbox"/> More than \$50 billion |
| <b>20. How much do you estimate your liabilities to be?</b>  | <input type="checkbox"/> \$0-\$50,000<br><input checked="" type="checkbox"/> \$50,001-\$100,000<br><input type="checkbox"/> \$100,001-\$500,000<br><input type="checkbox"/> \$500,001-\$1 million  | <input type="checkbox"/> \$1,000,001-\$10 million<br><input type="checkbox"/> \$10,000,001-\$50 million<br><input type="checkbox"/> \$50,000,001-\$100 million<br><input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> \$500,000,001-\$1 billion<br><input type="checkbox"/> \$1,000,000,001-\$10 billion<br><input type="checkbox"/> \$10,000,000,001-\$50 billion<br><input type="checkbox"/> More than \$50 billion |

**Part 7: Sign Below**

|   |  |   |                                      |
|---|--|---|--------------------------------------|
| <b>For you</b>  | <p>I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.</p> <p>If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.</p> <p>If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.</p> |   |                                      |
|  | <small>/s/ Kendra Jeffery</small><br>Signature of Debtor 1   |  | <small>Signature of Debtor 2</small> |
| Executed on <u>10/10/2019</u><br><small>MM / DD / YYYY</small>                      | Executed on <u>                  </u><br><small>MM / DD / YYYY</small>   |   |                                      |

Debtor 1 Kendra \_\_\_\_\_  
First Name Jeffery \_\_\_\_\_  
Middle Name Last Name \_\_\_\_\_ Case number (if known) \_\_\_\_\_

**For your attorney, if you  
are represented by one** I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about  
eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the  
relief available under each chapter for which the person is eligible. I also certify that I have delivered to the  
debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I  
have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**If you are not  
represented by an  
attorney, you do not  
need to file this page.**

/s/ Adriana Cross  
Signature of Attorney for Debtor

Date

10/10/2019

MM / DD / YYYY

Adriana Cross  
Printed name

Semrad Law Firm  
Firm name

11101 S. Western Avenue  
Street

Chicago  
City

Illinois  
State

60643  
Zip Code

Contact phone 3124832095 Email address across@semradlaw.com

Bar number \_\_\_\_\_ Illinois \_\_\_\_\_  
State \_\_\_\_\_

Fill in this information to identify your case:

|   |            |                      |           |
|---|------------|----------------------|-----------|
| Debtor 1                                | Kendra     | Jeffery              |           |
|   | First Name | Middle Name          | Last Name |
| Debtor 2<br>(Spouse, if filing)         | First Name | Middle Name          | Last Name |
| United States Bankruptcy Court for the: | Northern   | District of Illinois |           |
| Case number<br>(If known)               |            |                      |           |

Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

#### Part 1: Summarize Your Assets

| Your assets   |            |
|---|------------|
| Value of what you own   |            |
| <b>1. Schedule A/B: Property</b> (Official Form 106A/B)                   |            |
| 1a. Copy line 55, Total real estate, from <i>Schedule A/B</i> .....       | \$0.00     |
| 1b. Copy line 62, Total personal property, from <i>Schedule A/B</i> ..... | \$4,915.50 |
| 1c. Copy line 63, Total of all property on <i>Schedule A/B</i> .....      | \$4,915.50 |

#### Part 2: Summarize Your Liabilities

| Your liabilities  |                    |
|---|--------------------|
| Amount you owe  |                    |
| <b>2. Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)                                  |                    |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of <i>Schedule D</i> | \$0.00             |
| <b>3. Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)  |                    |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....               | \$0.00             |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....            | \$59,470.85        |
| <b>Your total liabilities</b>   | <b>\$59,470.85</b> |

#### Part 3: Summarize Your Income and Expenses

|   |            |
|---|------------|
| <b>4. Schedule I: Your Income</b> (Official Form 106I)                        | \$2,576.19 |
| Copy your combined monthly income from line 12 of <i>Schedule I</i> .....     |            |
| <b>5. Schedule J: Your Expenses</b> (Official Form 106J)                      | \$2,651.00 |
| Copy your monthly expenses from line 22, Column A, of <i>Schedule J</i> ..... |            |

Debtor 1 Kendra \_\_\_\_\_ Jeffery \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  
 Yes.

7. What kind of debt do you have?

Your debts are primarily consumer debts. Consumer debts are those incurred by an individual primarily for a personal, family, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159.  
 Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the **Statement of Your Current Monthly Income**: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$1,895.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following:   | Total claim |
|--|-------------|
| 9a. Domestic support obligations (Copy line 6a.)   | \$0.00      |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$0.00      |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$0.00      |
| 9d. Student loans. (Copy line 6f.)   | \$8,357.00  |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$0.00      |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | \$0.00      |
| 9g. Total. Add lines 9a through 9f.  | \$8,357.00  |

Fill in this information to identify your case:

|  |            |                                 |           |
|--|------------|---------------------------------|-----------|
| Debtor 1   | Kendra     | Jeffery                         |           |
|  | First Name | Middle Name                     | Last Name |
| Debtor 2<br>(Spouse, if filing)                  | First Name | Middle Name                     | Last Name |
| United States Bankruptcy Court for the: Northern |            | District of Illinois<br>(State) |           |
| Case number<br>(If known)                        |            |                                 |           |

Check if this is an amended filing

## Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

##### 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2

Yes. Where is the property?

1.1 Street address, if available, or other description

---

Number Street

---

City State Zip Code

**What is the property?** Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property? Current value of the portion you own?**

---

**Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.**

---

**Check if this is community property (see instructions)**



If you own or have more than one, list here:

1.2 Street address, if available, or other description

---

Number Street

---

City State Zip Code

**What is the property?** Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property? Current value of the portion you own?**

---

**Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.**

---

**Check if this is community property (see instructions)**



**Who has an interest in the property?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

**Other information you wish to add about this item, such as local property identification number:**

---

|   |                      |                        |           |   |
|---|----------------------|------------------------|-----------|---|
| Debtor 1  | Kendra<br>First Name | Jeffery<br>Middle Name | Last Name | Case number (if known)  |
| 1.3 Street address, if available, or other description  |                      |                        |           | <b>What is the property? Check all that apply.</b>  |
|   |                      |                        |           | <input type="checkbox"/> Single-family home<br><input type="checkbox"/> Duplex or multi-unit building<br><input type="checkbox"/> Condominium or cooperative<br><input type="checkbox"/> Manufactured or mobile home<br><input type="checkbox"/> Land<br><input type="checkbox"/> Investment property<br><input type="checkbox"/> Timeshare<br><input type="checkbox"/> Other _____ |
| Number  | Street               |                        |           | <b>Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.</b>   |
| City  | State                | Zip Code               |           |   |
| <b>Current value of the entire property? Current value of the portion you own?</b>  |                      |                        |           |   |
| Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.   |                      |                        |           |   |
| <b>Check if this is community property (see instructions)</b><br><input type="checkbox"/>   |                      |                        |           |   |
| Other information you wish to add about this item, such as local property identification number:  |                      |                        |           |   |
| 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. ► |                      |                        |           |   |

## Part 2: Describe Your Vehicles

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not?** Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No

Yes

3.1 Make \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Approximate mileage: \_\_\_\_\_

Other information: \_\_\_\_\_

**Who has an interest in the property? Check one.**

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this is community property (see instructions)**

**Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.**

**Current value of the entire property?**

**Current value of the portion you own?**

3.2 Make \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Approximate mileage: \_\_\_\_\_

Other information: \_\_\_\_\_

**Who has an interest in the property? Check one.**

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this is community property (see instructions)**

**Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.**

**Current value of the entire property?**

**Current value of the portion you own?**

| Debtor 1 Kendra |   | Jeffery              | Case number (if known)   |   |  |                      |
|-----------------|---|----------------------|--|---|--|----------------------|
|                 | First Name  | Middle Name          | Last Name  |   |  |                      |
| 3.3             | Make<br>Model:<br>Year:<br>Approximate mileage:   | <input type="text"/> | <input type="text"/><br><input type="text"/><br><input type="text"/><br><input type="text"/> | <b>Who has an interest in the property?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> <b>Check if this is community property</b> (see instructions) | Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> . |                      |
|                 | Other information:  | <input type="text"/> |  | <b>Current value of the entire property?</b>  | <b>Current value of the portion you own?</b>   |                      |
| 3.4             | Make<br>Model:<br>Year:<br>Approximate mileage:   | <input type="text"/> | <input type="text"/><br><input type="text"/><br><input type="text"/><br><input type="text"/> | <b>Who has an interest in the property?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> <b>Check if this is community property</b> (see instructions) | Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> . |                      |
|                 | Other information:  | <input type="text"/> |  | <b>Current value of the entire property?</b>  | <b>Current value of the portion you own?</b>   |                      |
| 4               | <b>Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories</b><br>Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories |                      |  |   |  |                      |
|                 | <input checked="" type="checkbox"/> No  |                      |  |   |  |                      |
|                 | <input type="checkbox"/> Yes  |                      |  |   |  |                      |
| 4.1             | Make<br>Model:<br>Year:<br>Approximate mileage:   | <input type="text"/> | <input type="text"/><br><input type="text"/><br><input type="text"/><br><input type="text"/> | <b>Who has an interest in the property?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> <b>Check if this is community property</b> (see instructions) | Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> . |                      |
|                 | Other information:  | <input type="text"/> |  | <b>Current value of the entire property?</b>  | <b>Current value of the portion you own?</b>   |                      |
| 4.2             | Make<br>Model:<br>Year:<br>Approximate mileage:   | <input type="text"/> | <input type="text"/><br><input type="text"/><br><input type="text"/><br><input type="text"/> | <b>Who has an interest in the property?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> <b>Check if this is community property</b> (see instructions) | Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> . |                      |
|                 | Other information:  | <input type="text"/> |  | <b>Current value of the entire property?</b>  | <b>Current value of the portion you own?</b>   |                      |
| 5.              | Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here .....   |                      |  |   |  | <input type="text"/> |

Debtor 1 Kendra \_\_\_\_\_  
First Name Middle Name Jeffery \_\_\_\_\_  
Last Name Case number (if known) \_\_\_\_\_

Part 3: **Describe Your Personal and Household Items**

**Do you own or have any legal or equitable interest in any of the following items?**

**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**6. Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

No

Yes. Describe... Two Bed Room Sets, One Living Room Set

\$600.00

**7. Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music

No

Yes. Describe... Two Televisions

\$400.00

**8. Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No

Yes. Describe...

**9. Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No

Yes. Describe...

**10. Firearms**

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

No

Yes. Describe...

**11. Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No

Yes. Describe... Used Clothes

\$100.00

**12. Jewelry**

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No

Yes. Describe...

**13. Non-farm animals**

Examples: Dogs, cats, birds, horses

No

Yes. Describe...

**14. Any other personal and household items you did not already list, including any health aids you did not list**

No

Yes. Describe...

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....**

\$1100.00

Debtor 1 Kendra \_\_\_\_\_ Jeffery \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

Part 4: **Describe Your Financial Assets**

**Do you own or have any legal or equitable interest in any of the following?**

**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**16. Cash**

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No

Yes .....

Cash: .....

**17. Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No

Yes

Institution name:

17.1. Checking account: Chase Bank \$0.00

17.2. Checking account: \_\_\_\_\_

17.3. Savings account: \_\_\_\_\_

17.4. Savings account: \_\_\_\_\_

17.5. Certificates of deposit: \_\_\_\_\_

17.6. Other financial account: \_\_\_\_\_

17.7. Other financial account: \_\_\_\_\_

17.8. Other financial account: \_\_\_\_\_

17.9. Other financial account: \_\_\_\_\_

**18. Bonds, mutual funds, or publicly traded stocks**

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

No

Yes

Institution or issuer name: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

No

Yes. Give specific information about them

Name of entity % of ownership: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Debtor 1 Kendra \_\_\_\_\_ Jeffery \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

20. **Government and corporate bonds and other negotiable and non-negotiable instruments**

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.  
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

No

Yes. Give specific information about them..... Issuer name:

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21. **Retirement or pension accounts**

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No

Yes. List each account separately.

|                         |                   |
|-------------------------|-------------------|
| Type of account:        | Institution name: |
| 401(k) or similar plan: | USPS \$3815.50    |
| Pension plan:           |                   |
| IRA:                    |                   |
| Retirement account:     |                   |
| Keogh:                  |                   |
| Additional account:     |                   |
| Additional account:     |                   |

22. **Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No

Yes....

|                                  |                   |
|----------------------------------|-------------------|
| Electric:                        | Institution name: |
| Gas:                             |                   |
| Heating oil:                     |                   |
| Security deposit on rental unit: |                   |
| Prepaid rent:                    |                   |
| Telephone:                       |                   |
| Water:                           |                   |
| Rented furniture:                |                   |
| Other:                           |                   |

23. **Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)**

No

Yes....

|                              |  |
|------------------------------|--|
| Issuer name and description: |  |
|                              |  |
|                              |  |
|                              |  |

Debtor 1 Kendra \_\_\_\_\_ Jeffery \_\_\_\_\_ Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

24. **Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**  
26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No  
 Yes....

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

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25. **Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

No  
 Yes. Describe...  

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26. **Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No  
 Yes. Describe...  

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27. **Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No  
 Yes. Describe...  

---



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### Money or property owed to you?

### Current value of the portion you own?

Do not deduct secured claims or exemptions.

28. **Tax refunds owed to you**

No  
 Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

|          |        |
|----------|--------|
| Federal: | \$0.00 |
| State:   | \$0.00 |
| Local:   | \$0.00 |

29. **Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No  
 Yes. Give specific information.....

|                      |        |
|----------------------|--------|
| Alimony:             | \$0.00 |
| Maintenance:         | \$0.00 |
| Support:             | \$0.00 |
| Divorce settlement:  | \$0.00 |
| Property settlement: | \$0.00 |

30. **Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No  
 Yes. Describe...  

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Debtor 1 Kendra \_\_\_\_\_ Jeffery \_\_\_\_\_ Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

**31. Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No

Yes. Name the insurance company of each policy and list its value.....

Company name:

Beneficiary:

Surrender or refund value:

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**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No

Yes. Describe...  

---

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No

Yes. Describe...  

---

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

No

Yes. Describe...  

---

**35. Any financial assets you did not already list**

No

Yes. Describe...  

---

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here ►**

\$3815.50

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

**37. Do you own or have any legal or equitable interest in any business-related property?**

No. Go to Part 6.

Yes. Go to line 38.

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions

**38. Accounts receivable or commissions you already earned**

No

Yes. Describe...  

---

**39. Office equipment, furnishings, and supplies**

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

No

Yes. Describe...  

---

Debtor 1 Kendra \_\_\_\_\_ Jeffery \_\_\_\_\_ Case number (if known) \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

No

Yes. Describe...  

41. Inventory

No

Yes. Describe...  

42. Interests in partnerships or joint ventures

No

Yes. Give specific information about them      

43. Customer lists, mailing lists, or other compilations

No

Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?  

No

Yes. Describe.....  

44. Any business-related property you did not already list

No

Yes. Give specific information .....      

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here .....

Part 6: **Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**

If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.

Yes. Go to line 47.

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

No

Yes. Describe...

Debtor 1 Kendra \_\_\_\_\_ Jeffery \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

48. Crops-either growing or harvested

No

Yes. Describe...  

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

No

Yes. Describe...  

50. Farm and fishing supplies, chemicals, and feed

No

Yes. Describe...  

51. Any farm- and commercial fishing-related property you did not already list

No

Yes. Describe...  

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached  
for Part 6. Write that number here ..... ►  

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

No

Yes. Give specific information    
   
 

54. Add the dollar value of all of your entries from Part 7. Write that number here ..... ►  

**Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2 ..... ►  

56. part 2 total vehicles, line 5  

57. Part 3: Total personal and household items, line 15  

\$1100.00

58. Part 4: Total financial assets, line 36  

\$3815.50

59. Part 5: Total business-related property, line 45  

60. Part 6: Total farm- and fishing-related property, line 52  

61. Part 7: Total other property not listed, line 54  

62. Total personal property. Add lines 56 through 61. ....  

\$4915.50

Copy personal property total ►  

+ \$4915.50

63. Total of all property on Schedule A/B. Add line 55 + line 62....  

\$4915.50

Fill in this information to identify your case:

|   |            |             |                     |
|---|------------|-------------|---------------------|
| Debtor 1                                | First Name | Middle Name | Last Name           |
|   | Kendra     |             | Jeffery             |
| Debtor 2<br>(Spouse, if filing)         | First Name | Middle Name | Last Name           |
|   |            |             |                     |
| United States Bankruptcy Court for the: | Northern   | District of | Illinois<br>(State) |
| Case number<br>(If known)               |            |             |                     |

Check if this is an amended filing

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own    | Amount of the exemption you claim<br><i>Check only one box for each exemption.</i>   | Specific laws that allow exemption |
|---|---|--|------------------------------------|
|   | Copy the value from <i>Schedule A/B</i> |  |                                    |
| Brief description:<br><u>Two Bed Room Sets,<br/>One Living Room Set</u>             | \$600.00                                | <input checked="" type="checkbox"/> \$600.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b)              |
| Line from <i>Schedule A/B</i> : <u>06</u>   |   |  |                                    |
| Brief description:<br><u>Two Televisions</u>  | \$400.00                                | <input checked="" type="checkbox"/> \$400.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b)              |
| Line from <i>Schedule A/B</i> : <u>07</u>   |   |  |                                    |

3. Are you claiming a homestead exemption of more than \$160,375?

*(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)*

No  
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  
 No  
 Yes

Debtor 1 Kendra \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Jeffery \_\_\_\_\_ Last Name \_\_\_\_\_ Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own<br><i>Copy the value from Schedule A/B</i> | Amount of the exemption you claim<br><i>Check only one box for each exemption.</i>   | Specific laws that allow exemption |
|---|---|--|------------------------------------|
| Brief description:<br><u>Checking account, Chase Bank</u>                           | \$0.00  | <input checked="" type="checkbox"/> \$0<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit        | 735 ILCS 5/12-1001(b)              |
| Line from Schedule A/B: 17  |   |  |                                    |
| Brief description:<br><u>Used Clothes</u>   | \$100.00  | <input checked="" type="checkbox"/> \$100.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit   | 735 ILCS 5/12-1001(a)              |
| Line from Schedule A/B: 11  |   |  |                                    |
| Brief description:<br><u>401(k) or similar plan, USPS</u>                           | \$3,815.50  | <input checked="" type="checkbox"/> \$3,815.50<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1006                 |
| Line from Schedule A/B: 21  |   |  |                                    |

Fill in this information to identify your case:

|   |            |                      |           |
|---|------------|----------------------|-----------|
| Debtor 1                                | Kendra     | Jeffery              |           |
|   | First Name | Middle Name          | Last Name |
| Debtor 2<br>(Spouse, if filing)         | First Name | Middle Name          | Last Name |
| United States Bankruptcy Court for the: | Northern   | District of Illinois |           |
| Case number<br>(If known)               |            |                      |           |

Check if this is an amended filing

## Official Form 106D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

#### 1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below.

#### Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

| Column A<br><b>Amount of claim</b><br>Do not deduct the value of collateral. | Column B<br><b>Value of collateral that supports this claim</b> | Column C<br><b>Unsecured portion</b><br>If any |
|--|---|--|
|--|---|--|

Fill in this information to identify your case:

|   |            |             |                     |
|---|------------|-------------|---------------------|
| Debtor 1                                | Kendra     | Jeffery     |                     |
|   | First Name | Middle Name | Last Name           |
| Debtor 2<br>(Spouse, if filing)         | First Name | Middle Name | Last Name           |
| United States Bankruptcy Court for the: | Northern   | District of | Illinois<br>(State) |
| Case number<br>(If known)               |            |             |                     |

Official Form 106E/F

Check if this is an amended filing

12/15

## Schedule E/F: Creditors Who Have Unsecured Claims

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

### Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.  
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.  
(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

| Total<br>claim | Priority<br>amount | Nonpriority<br>amount |
|----------------|--------------------|-----------------------|
|----------------|--------------------|-----------------------|

Debtor 1 Kendra \_\_\_\_\_ Jeffery \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

**3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes.

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than four priority unsecured claims fill out the Continuation Page of Part 2.

|            |  | <b>Total claim</b>  |                   |
|------------|--|---|-------------------|
| <b>4.1</b> | <b>ACCEPTANCE NOW</b><br>Nonpriority Creditor's Name<br>5501 Headquarters Dr<br>Number Street<br>ATTN: Acceptance Now Customer Service<br><br>Plano Texas 75024<br>City State Zip Code | Last 4 digits of account number <u>4076</u><br>When was the debt incurred? <u>10/2015</u><br><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>036 UnknownLoanType</u>   | <u>\$4,694.00</u> |
| <b>4.2</b> | <b>AFNI, INC.</b><br>Nonpriority Creditor's Name<br>PO Box 3517<br>Number Street<br><br>Bloomington Illinois 61702<br>City State Zip Code  | Last 4 digits of account number <u>9432</u><br>When was the debt incurred? <u>10/2018</u><br><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>001 Collection; Collecting for ORIGINAL CREDITOR:<br/>COMCAST</u> | <u>\$433.00</u>   |
| <b>4.3</b> | <b>AFS ACCEPTANCE LLC</b><br>Nonpriority Creditor's Name<br>P.O. Box 189007<br>Number Street<br><br>Plantation Florida 33318<br>City State Zip Code                                    | Last 4 digits of account number <u>1049</u><br>When was the debt incurred? <u>2/2018</u><br><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>2014 Ford Fusion</u>   | <u>\$7,935.00</u> |

Debtor 1 Kendra \_\_\_\_\_ Jeffery \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.  |   |   |                                       | Total claim |
|---|---|---|---------------------------------------|-------------|
| 4.4   | ALLY FINANCIAL<br>Nonpriority Creditor's Name<br>200 RENAISSANCE CTR<br>Number Street | Last 4 digits of account number<br>6954 | When was the debt incurred?<br>2/2016 | \$10,145.00 |
| <b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed  |   |   |                                       |             |
| <b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify 200 Chrysler Auto Loan                                    |   |   |                                       |             |
| <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another  |   |   |                                       |             |
| <b>Check if this claim relates to a community debt</b> <input type="checkbox"/>   |   |   |                                       |             |
| <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |   |   |                                       |             |
| 4.5   | ALLY FINANCIAL<br>Nonpriority Creditor's Name<br>200 RENAISSANCE CTR<br>Number Street | Last 4 digits of account number<br>9636 | When was the debt incurred?<br>9/2012 | \$0.00      |
| <b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed  |   |   |                                       |             |
| <b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify 060 Automobile  |   |   |                                       |             |
| <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another  |   |   |                                       |             |
| <b>Check if this claim relates to a community debt</b> <input type="checkbox"/>   |   |   |                                       |             |
| <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |   |   |                                       |             |
| 4.6   | ARS<br>Nonpriority Creditor's Name<br>P.O. BOX 469100<br>Number Street                | Last 4 digits of account number<br>3200 | When was the debt incurred?<br>1/2018 | \$536.00    |
| <b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed  |   |   |                                       |             |
| <b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify 001 Collection; Collecting for ORIGINAL CREDITOR: MEDICAL |   |   |                                       |             |
| <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another  |   |   |                                       |             |
| <b>Check if this claim relates to a community debt</b> <input type="checkbox"/>   |   |   |                                       |             |
| <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |   |   |                                       |             |

Debtor 1 Kendra \_\_\_\_\_ Jeffery \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.  |  |                                     |                                      | Total claim |
|---|--|-------------------------------------|--------------------------------------|-------------|
| 4.7   | ARS<br>Nonpriority Creditor's Name<br>P.O. BOX 469100<br>Number Street<br><br>Escondido California 92046<br>City State Zip Code              | When was the debt incurred? 12/2017 | Last 4 digits of account number 5369 | \$536.00    |
| <b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed  |  |                                     |                                      |             |
| <b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> 001 Collection; Collecting for Other. Specify <u>ORIGINAL CREDITOR: MEDICAL</u>              |  |                                     |                                      |             |
| <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim relates to a community debt  |  |                                     |                                      |             |
| <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |  |                                     |                                      |             |
| 4.8   | ATG CREDIT<br>Nonpriority Creditor's Name<br>1700 W CORTLAND ST STE 2<br>Number Street<br><br>CHICAGO Illinois 60622<br>City State Zip Code  | When was the debt incurred? 8/2017  | Last 4 digits of account number 3971 | \$2.00      |
| <b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed  |  |                                     |                                      |             |
| <b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> 001 Collection; Collecting for Other. Specify <u>ORIGINAL CREDITOR: MEDICAL PAYMENT DATA</u> |  |                                     |                                      |             |
| <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim relates to a community debt  |  |                                     |                                      |             |
| <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |  |                                     |                                      |             |
| 4.9   | CAPITAL ONE BANK USA N<br>Nonpriority Creditor's Name<br>PO BOX 85520<br>Number Street<br><br>RICHMOND Virginia 23285<br>City State Zip Code | When was the debt incurred? 8/2007  | Last 4 digits of account number 0302 | \$1,799.00  |
| <b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed  |  |                                     |                                      |             |
| <b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>   |  |                                     |                                      |             |
| <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim relates to a community debt  |  |                                     |                                      |             |
| <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |  |                                     |                                      |             |

Debtor 1 Kendra \_\_\_\_\_ Jeffery \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim**

|   |   |   |            |
|---|---|---|------------|
| 4.10  | Cash Aisle<br>Nonpriority Creditor's Name<br>PO BOX 572<br>Number Street<br><br>Lac Du Flambeau Wisconsin 54538<br>City State Zip Code  | Last 4 digits of account number _____<br>When was the debt incurred? _____ n/a<br><br>As of the date you file, the claim is: Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed   | \$300.00   |
| <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><br><input type="checkbox"/> <b>Check if this claim relates to a community debt</b> |   | <b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify _____ Pay Day Loan  |            |
| <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |   |   |            |
| 4.11  | CHOICEREcov<br>Nonpriority Creditor's Name<br>POB 20790<br>Number Street<br><br>COLUMBUS Ohio 43220<br>City State Zip Code  | Last 4 digits of account number 4611<br>When was the debt incurred? 11/2017<br><br>As of the date you file, the claim is: Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed  | \$47.00    |
| <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><br><input type="checkbox"/> <b>Check if this claim relates to a community debt</b> |   | <b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify _____ Collection; Collecting for ORIGINAL CREDITOR: MEDICAL |            |
| <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |   |   |            |
| 4.12  | City of Chicago - Parking and red Light Tickets<br>Nonpriority Creditor's Name<br>121 N. LaSalle Street<br>Number Street<br><br>Chicago Illinois 60602<br>City State Zip Code | Last 4 digits of account number _____<br>When was the debt incurred? _____ n/a<br><br>As of the date you file, the claim is: Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed   | \$1,400.00 |
| <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><br><input type="checkbox"/> <b>Check if this claim relates to a community debt</b> |   | <b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify _____ Parking and Red Light Tickets                         |            |
| <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |   |   |            |

Debtor 1 Kendra \_\_\_\_\_ Jeffery \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim**

|      |   |  |          |
|------|---|--|----------|
| 4.13 | CREDIT ONE BANK NA<br>Nonpriority Creditor's Name<br>PO BOX 98875<br>Number Street<br><br>LAS VEGAS Nevada 89193<br>City State Zip Code   | Last 4 digits of account number <u>0578</u>  | \$0.00   |
|      | <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><br><input type="checkbox"/> <b>Check if this claim relates to a community debt</b> | When was the debt incurred? <u>2/2016</u>  |          |
|      | <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  | <b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed   |          |
|      |   | <b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>  |          |
| 4.14 | CREDITORS DISCOUNT & A<br>Nonpriority Creditor's Name<br>415 E MAIN ST<br>Number Street<br><br>STREATOR Illinois 61364<br>City State Zip Code   | Last 4 digits of account number <u>8697</u>  | \$238.00 |
|      | <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><br><input type="checkbox"/> <b>Check if this claim relates to a community debt</b> | When was the debt incurred? <u>7/2018</u>  |          |
|      | <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  | <b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed   |          |
|      |   | <b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> 001 Collection; Collecting for ORIGINAL CREDITOR: MEDICAL<br>Other. Specify <u>PAYMENT DATA</u> |          |
| 4.15 | DEPTEDNELNET<br>Nonpriority Creditor's Name<br>PO Box 740283<br>Number Street<br><br>Atlanta Georgia 30374<br>City State Zip Code   | Last 4 digits of account number <u>6253</u>  | \$0.00   |
|      | <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><br><input type="checkbox"/> <b>Check if this claim relates to a community debt</b> | When was the debt incurred? <u>5/2012</u>  |          |
|      | <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  | <b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed   |          |
|      |   | <b>Type of NONPRIORITY unsecured claim:</b><br><input checked="" type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input type="checkbox"/> Other. Specify _____  |          |

Debtor 1 Kendra \_\_\_\_\_ Jeffery \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim**

|   |   |   |                 |
|---|---|---|-----------------|
| 4.16  | DEPTEDNELNET<br>Nonpriority Creditor's Name<br>PO Box 740283<br>Number Street<br><br>Atlanta Georgia 30374<br>City State Zip Code                   | Last 4 digits of account number <u>6353</u><br>When was the debt incurred? <u>5/2012</u><br><br>As of the date you file, the claim is: Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Type of NONPRIORITY unsecured claim:<br><input checked="" type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input type="checkbox"/> Other. Specify _____   | <u>\$0.00</u>   |
| <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> <b>Check if this claim relates to a community debt</b> |   |   |                 |
| <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |   |   |                 |
| 4.17  | ENHANCED RECOVERY CO L<br>Nonpriority Creditor's Name<br>8014 BAYBERRY RD<br>Number Street<br><br>JACKSONVILLE Florida 32256<br>City State Zip Code | Last 4 digits of account number <u>0390</u><br>When was the debt incurred? <u>5/2019</u><br><br>As of the date you file, the claim is: Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Type of NONPRIORITY unsecured claim:<br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> 001 Collection; Collecting for ORIGINAL CREDITOR: AT T U-VERSE<br>Other. Specify _____ | <u>\$680.00</u> |
| <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> <b>Check if this claim relates to a community debt</b> |   |   |                 |
| <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |   |   |                 |
| 4.18  | FED LOAN SERV<br>Nonpriority Creditor's Name<br>P.O. Box 69184<br>Number Street<br><br>Harrisburg Pennsylvania 17106<br>City State Zip Code         | Last 4 digits of account number <u>0002</u><br>When was the debt incurred? <u>5/2012</u><br><br>As of the date you file, the claim is: Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Type of NONPRIORITY unsecured claim:<br><input checked="" type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input type="checkbox"/> Other. Specify _____   | <u>\$0.00</u>   |
| <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> <b>Check if this claim relates to a community debt</b> |   |   |                 |
| <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |   |   |                 |

Debtor 1 Kendra \_\_\_\_\_ Jeffery \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim**

|   |  |   |                   |
|---|--|---|-------------------|
| 4.19  | FED LOAN SERV<br>Nonpriority Creditor's Name<br>P.O. Box 69184<br>Number Street<br><br>Harrisburg Pennsylvania 17106<br>City State Zip Code                    | Last 4 digits of account number <u>0001</u><br>When was the debt incurred? <u>5/2012</u><br><br>As of the date you file, the claim is: Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Type of NONPRIORITY unsecured claim:<br><input checked="" type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input type="checkbox"/> Other. Specify _____   | <u>\$0.00</u>     |
| <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><br><input type="checkbox"/> <b>Check if this claim relates to a community debt</b> |  |   |                   |
| <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |  |   |                   |
| 4.20  | GREAT LAKES CR UN<br>Nonpriority Creditor's Name<br>2525 GREEN BAY RD<br>Number Street<br><br>NORTH CHICAGO Illinois 60064<br>City State Zip Code              | Last 4 digits of account number <u>0800</u><br>When was the debt incurred? <u>9/2016</u><br><br>As of the date you file, the claim is: Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Type of NONPRIORITY unsecured claim:<br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>012 InstallmentLoan</u>  | <u>\$0.00</u>     |
| <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><br><input type="checkbox"/> <b>Check if this claim relates to a community debt</b> |  |   |                   |
| <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |  |   |                   |
| 4.21  | Keynote Consulting<br>Nonpriority Creditor's Name<br>220 W. Campus Drive # 102<br>Number Street<br><br>Arlington Heights Illinois 60004<br>City State Zip Code | Last 4 digits of account number <u>4351</u><br>When was the debt incurred? <u>1/2018</u><br><br>As of the date you file, the claim is: Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Type of NONPRIORITY unsecured claim:<br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>001 Collection; Collecting for<br/>ORIGINAL CREDITOR: GREAT<br/>LAKES CREDIT UNION</u> | <u>\$1,244.00</u> |
| <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><br><input type="checkbox"/> <b>Check if this claim relates to a community debt</b> |  |   |                   |
| <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |  |   |                   |

Debtor 1 Kendra \_\_\_\_\_ Jeffery \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim**

|      |  |   |          |
|------|--|---|----------|
| 4.22 | Little Company of Mary Hospital and Health Care Centers<br>Nonpriority Creditor's Name<br>2800 95th St<br>Number Street  | Last 4 digits of account number _____<br>When was the debt incurred? _____ n/a<br><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed  | \$300.00 |
|      | Evergreen Park      Illinois      60805<br>City      State      Zip Code   | <b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify _____ Hospital Bill |          |
|      | <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another |   |          |
|      | <b>Check if this claim relates to a community debt</b>   |   |          |
|      | <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |   |          |
| 4.23 | LVNV FUNDING LLC<br>Nonpriority Creditor's Name<br>1161 Lake Cook Rd Ste E<br>Number Street<br>c/o Resurgence Legal Group  | Last 4 digits of account number 7438<br>When was the debt incurred? 12/2018<br><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed   | \$669.00 |
|      | Deerfield      Illinois      60015<br>City      State      Zip Code  | <b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify 001 UnknownLoanType |          |
|      | <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another |   |          |
|      | <b>Check if this claim relates to a community debt</b>   |   |          |
|      | <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |   |          |
| 4.24 | Madison Trust Group<br>Nonpriority Creditor's Name<br>PO BOX 230<br>Number Street<br>#1 Wakpamni Lake Housing  | Last 4 digits of account number _____<br>When was the debt incurred? _____ n/a<br><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed  | \$300.00 |
|      | Batesland      South Dakota      57716<br>City      State      Zip Code  | <b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify Pay Day Loan        |          |
|      | <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another |   |          |
|      | <b>Check if this claim relates to a community debt</b>   |   |          |
|      | <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |   |          |

Debtor 1 Kendra \_\_\_\_\_ Jeffery \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim**

|  |   |  |          |
|--|---|--|----------|
| 4.25   | MERCHANTS CREDIT GUIDE<br>Nonpriority Creditor's Name<br>223 W JACKSON BLVD # 700<br>Number Street<br><br>Chicago Illinois 60606<br>City State Zip Code | Last 4 digits of account number <u>1163</u>  | \$94.00  |
| <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> <b>Check if this claim relates to a community debt</b>  |   | <b>When was the debt incurred?</b> <u>2/2016</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed |          |
| <b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> 001 Collection; Collecting for ORIGINAL CREDITOR: MEDICAL<br>Other. Specify <u>PAYMENT DATA</u> |   |  |          |
| <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |   |  |          |
| 4.26   | Mercy Medical Group<br>Nonpriority Creditor's Name<br>28231 Network Pl<br>Number Street<br><br>Chicago Illinois 60673<br>City State Zip Code            | Last 4 digits of account number <u>n/a</u>   | \$200.00 |
| <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> <b>Check if this claim relates to a community debt</b>  |   | <b>When was the debt incurred?</b> <u>n/a</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed    |          |
| <b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>Hospital Bill</u>   |   |  |          |
| <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |   |  |          |
| 4.27   | Methodist Hospital<br>Nonpriority Creditor's Name<br>600 Grant Street<br>Number Street<br><br>Gary Indiana 46402<br>City State Zip Code                 | Last 4 digits of account number <u>n/a</u>   | \$239.85 |
| <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> <b>Check if this claim relates to a community debt</b>  |   | <b>When was the debt incurred?</b> <u>n/a</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed    |          |
| <b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>Hospital Bill</u>   |   |  |          |
| <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |   |  |          |

Debtor 1 Kendra \_\_\_\_\_ Jeffery \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim**

|   |  |  |            |
|---|--|--|------------|
| 4.28  | Navient<br>Nonpriority Creditor's Name<br>Po Box 9533<br>Number Street<br><br>Wilkes Barre Pennsylvania 18773<br>City State Zip Code     | Last 4 digits of account number <u>0505</u>  | \$5,721.00 |
| <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> <b>Check if this claim relates to a community debt</b> |  | <b>When was the debt incurred?</b> <u>5/2010</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed   |            |
| <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |  | <b>Type of NONPRIORITY unsecured claim:</b><br><input checked="" type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input type="checkbox"/> Other. Specify _____                    |            |
| 4.29  | Navient<br>Nonpriority Creditor's Name<br>Po Box 9533<br>Number Street<br><br>Wilkes Barre Pennsylvania 18773<br>City State Zip Code     | Last 4 digits of account number <u>0505</u>  | \$2,636.00 |
| <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> <b>Check if this claim relates to a community debt</b> |  | <b>When was the debt incurred?</b> <u>5/2010</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed   |            |
| <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |  | <b>Type of NONPRIORITY unsecured claim:</b><br><input checked="" type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input type="checkbox"/> Other. Specify _____                    |            |
| 4.30  | OPPITY FIN<br>Nonpriority Creditor's Name<br>11 E. ADAMS SUITE 501<br>Number Street<br><br>CHICAGO Illinois 60603<br>City State Zip Code | Last 4 digits of account number <u>4425</u>  | \$4.00     |
| <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> <b>Check if this claim relates to a community debt</b> |  | <b>When was the debt incurred?</b> <u>1/2017</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed   |            |
| <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |  | <b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>8 InstallmentLoan</u> |            |

Debtor 1 Kendra \_\_\_\_\_ Jeffery \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim**

|  |   |  |                                    |                                      |            |
|--|---|--|------------------------------------|--------------------------------------|------------|
| 4.31   | PHOENIX FINANCIAL SERV<br>Nonpriority Creditor's Name<br>8902 OTIS AVE STE 103A<br>Number Street<br><br>INDIANAPOLIS Indiana 46216<br>City State Zip Code     |  |                                    | Last 4 digits of account number 5097 | \$773.00   |
|  |   |  | When was the debt incurred? 5/2019 |                                      |            |
| As of the date you file, the claim is: Check all that apply.   |   |  |                                    |                                      |            |
| <input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed  |   |  |                                    |                                      |            |
| Type of NONPRIORITY unsecured claim:   |   |  |                                    |                                      |            |
| <input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> 001 Collection; Collecting for ORIGINAL CREDITOR: MEDICAL<br>Other. Specify PAYMENT DATA |   |  |                                    |                                      |            |
| Is the claim subject to offset?  |   |  |                                    |                                      |            |
| <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |   |  |                                    |                                      |            |
| 4.32   | PLS<br>Nonpriority Creditor's Name<br>3175 175th St<br>Number Street<br><br>Hazel Crest Illinois 60429<br>City State Zip Code                                 |  |                                    | Last 4 digits of account number      | \$800.00   |
|  |   |  | When was the debt incurred? n/a    |                                      |            |
| As of the date you file, the claim is: Check all that apply.   |   |  |                                    |                                      |            |
| <input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed  |   |  |                                    |                                      |            |
| Type of NONPRIORITY unsecured claim:   |   |  |                                    |                                      |            |
| <input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify Pay Day Loans   |   |  |                                    |                                      |            |
| Is the claim subject to offset?  |   |  |                                    |                                      |            |
| <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |   |  |                                    |                                      |            |
| 4.33   | Progressive Leasing<br>Nonpriority Creditor's Name<br>10619 South Jordan Gateway # 100<br>Number Street<br><br>South Jordan Utah 84095<br>City State Zip Code |  |                                    | Last 4 digits of account number      | \$1,000.00 |
|  |   |  | When was the debt incurred? n/a    |                                      |            |
| As of the date you file, the claim is: Check all that apply.   |   |  |                                    |                                      |            |
| <input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed  |   |  |                                    |                                      |            |
| Type of NONPRIORITY unsecured claim:   |   |  |                                    |                                      |            |
| <input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify Furniture Bill  |   |  |                                    |                                      |            |
| Is the claim subject to offset?  |   |  |                                    |                                      |            |
| <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |   |  |                                    |                                      |            |

Debtor 1 Kendra \_\_\_\_\_ Jeffery \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim**

|   |   |  |             |
|---|---|--|-------------|
| 4.34  | RECEIVABLES PERFORMANCE<br>Nonpriority Creditor's Name<br>20816 44th Ave W<br>Number Street<br><br>Lynnwood Washington 98036<br>City State Zip Code | Last 4 digits of account number <u>3538</u>  | \$1,866.00  |
| <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> <b>Check if this claim relates to a community debt</b> |   | <b>When was the debt incurred?</b> <u>1/2019</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> 001 Collection; Collecting for Other. Specify <u>ORIGINAL CREDITOR: SPRINT</u>                        |             |
| <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |   |  |             |
| 4.35  | RENTDEBT AUTOMATED COL<br>Nonpriority Creditor's Name<br>2802 OPRYLAND DR<br>Number Street<br><br>NASHVILLE Tennessee 37214<br>City State Zip Code  | Last 4 digits of account number <u>8617</u>  | \$11,429.00 |
| <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> <b>Check if this claim relates to a community debt</b> |   | <b>When was the debt incurred?</b> <u>7/2017</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> 001 Collection; Collecting for Other. Specify <u>ORIGINAL CREDITOR: LAURELS OF WILLOW HILL OFFICE</u> |             |
| <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |   |  |             |
| 4.36  | RENTDEBT AUTOMATED COL<br>Nonpriority Creditor's Name<br>2802 OPRYLAND DR<br>Number Street<br><br>NASHVILLE Tennessee 37214<br>City State Zip Code  | Last 4 digits of account number <u>8618</u>  | \$550.00    |
| <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> <b>Check if this claim relates to a community debt</b> |   | <b>When was the debt incurred?</b> <u>7/2017</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> 001 Collection; Collecting for Other. Specify <u>ORIGINAL CREDITOR: LTS-LAURELS OF WILLOW HILL</u>    |             |
| <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |   |  |             |

Debtor 1 Kendra \_\_\_\_\_ Jeffery \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim**

|      |  |   |            |
|------|--|---|------------|
| 4.37 | Smart Tuition<br>Nonpriority Creditor's Name<br>10 Woodbridge Center Dr #200<br>Number Street  | Last 4 digits of account number _____<br>When was the debt incurred? _____ n/a<br><br>As of the date you file, the claim is: Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed   | \$1,100.00 |
|      | Woodbridge New Jersey 07095<br>City State Zip Code   | Type of NONPRIORITY unsecured claim:<br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify _____ Child School Fee |            |
|      | <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><br><b>Check if this claim relates to a community debt</b> |   |            |
|      | <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |   |            |
| 4.38 | SYNCB/OLD NAVY<br>Nonpriority Creditor's Name<br>Po Box 530942<br>Number Street  | Last 4 digits of account number 1522<br>When was the debt incurred? 11/2012<br><br>As of the date you file, the claim is: Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed  | \$0.00     |
|      | Atlanta Georgia 30353<br>City State Zip Code   | Type of NONPRIORITY unsecured claim:<br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify _____ CreditCard       |            |
|      | <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><br><b>Check if this claim relates to a community debt</b> |   |            |
|      | <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |   |            |
| 4.39 | T mobile Bankruptcy Team<br>Nonpriority Creditor's Name<br>PO Box 53410<br>Number Street   | Last 4 digits of account number _____<br>When was the debt incurred? _____ n/a<br><br>As of the date you file, the claim is: Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed   | \$1,800.00 |
|      | Bellevue Washington 98015<br>City State Zip Code   | Type of NONPRIORITY unsecured claim:<br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify _____ Cell Phone Bil   |            |
|      | <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><br><b>Check if this claim relates to a community debt</b> |   |            |
|      | <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |   |            |

Debtor 1 Kendra \_\_\_\_\_ Jeffery \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

HARRIS & HARRIS LTD

Name

111 W JACKSON BLVD S-400

Number Street

CHICAGO

Illinois

City

60604

State

Zip Code

**On which entry in Part 1 or Part 2 did you list the original creditor?**

Line 4.12 of (Check  
one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number** \_\_\_\_\_

Debtor 1 Kendra \_\_\_\_\_  
 First Name Middle Name Last Name Case number (if known) \_\_\_\_\_

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6.

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159.  
 Add the amounts for each type of unsecured claim.

|                          |  | <b>Total claims</b>   |
|--------------------------|--|-----------------------|
| Total claims from Part 1 | <b>6a. Domestic support obligations.</b>   | 6a. _____ \$0.00      |
|                          | <b>6b. Taxes and certain other debts you owe the government</b>  | 6b. _____ \$0.00      |
|                          | <b>6c. Claims for death or personal injury while you were intoxicated</b>  | 6c. _____ \$0.00      |
|                          | <b>6d. Other. Add all other priority unsecured claims. Write that amount here.</b>                                 | 6d. _____ \$0.00      |
|                          | <b>6e. Total. Add lines 6a through 6d.</b>   | 6e. _____ \$0.00      |
|                          |  |                       |
| Total claims from Part 2 | <b>6f. Student loans</b>   | 6f. _____ \$8,357.00  |
|                          | <b>6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims</b> | 6g. _____ \$0.00      |
|                          | <b>6h. Debts to pension or profit-sharing plans, and other similar debts</b>                                       | 6h. _____ \$0.00      |
|                          | <b>6i. Other. Add all other nonpriority unsecured claims. Write that amount here.</b>                              | 6i. _____ \$51,113.85 |
|                          | <b>6j. Total. Add lines 6f through 6i.</b>   | 6j. _____ \$59,470.85 |
|                          |  |                       |

Fill in this information to identify your case:

|   |            |                                 |           |
|---|------------|---------------------------------|-----------|
| Debtor 1                                | Kendra     | Jeffery                         |           |
|   | First Name | Middle Name                     | Last Name |
| Debtor 2<br>(Spouse, if filing)         | First Name | Middle Name                     | Last Name |
| United States Bankruptcy Court for the: | Northern   | District of Illinois<br>(State) |           |
| Case number<br>(If known)               |            |                                 |           |

Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

#### 1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

#### 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Person or company with whom you have the contract or lease  | State what the contract or lease is for                      |
|---|--|
| 2.1 Isidor, Marie<br>Name<br><br>unknown<br>Number Street<br>Richton Park Illinois 60471<br>City State Zip Code | Residential Lease,<br>Debtor is Lessee,<br>Residential Lease |

Fill in this information to identify your case:

|   |            |                      |           |
|---|------------|----------------------|-----------|
| Debtor 1                                | Kendra     | Jeffery              |           |
|   | First Name | Middle Name          | Last Name |
| Debtor 2<br>(Spouse, if filing)         | First Name | Middle Name          | Last Name |
| United States Bankruptcy Court for the: | Northern   | District of Illinois |           |
| Case number<br>(If known)               |            |                      |           |

Check if this is an amended filing

## Official Form 106H

### Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No  
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.  
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

No  
 Yes. In which community state or territory did you live? \_\_\_\_\_ Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Fill in this information to identify your case:

|  |            |                                 |           |
|--|------------|---------------------------------|-----------|
| Debtor 1                                   | First Name | Middle Name                     | Last Name |
|  | Kendra     |                                 | Jeffery   |
| Debtor 2<br>(Spouse, if filing)            | First Name | Middle Name                     | Last Name |
|  |            |                                 |           |
| United States Bankruptcy Court for<br>the: | Northern   | District of Illinois<br>(State) |           |
| Case number<br>(if known)                  |            |                                 |           |

Check if this is:

An amended filing  
 A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

|                          | Debtor 1                                     |                                       | Debtor 2                          |                                       |
|--------------------------|--|---------------------------------------|-----------------------------------|---------------------------------------|
| Employment status        | <input checked="" type="checkbox"/> Employed | <input type="checkbox"/> Not Employed | <input type="checkbox"/> Employed | <input type="checkbox"/> Not Employed |
| Occupation               | Mail Carrier                                 |                                       |                                   |                                       |
| Employer's name          | USPS   |                                       |                                   |                                       |
| Employer's address       | 230 Northgate St<br>Number Street            |                                       | Number Street                     |                                       |
|                          | Lake Forest                                  | Illinois                              | 60045                             |                                       |
|                          | City   | State                                 | Zip Code                          | City      State      Zip Code         |
| How long employed there? | 1 week                                       |                                       |                                   |                                       |

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be.
3. Estimate and list monthly overtime pay.
4. Calculate gross income. Add line 2 + line 3.

| For Debtor 1 | For Debtor 2 or<br>non-filing spouse |
|--------------|--------------------------------------|
| 2. _____     | \$2,916.57                           |
| 3. _____     | + \$0.00                             |
| 4. _____     | \$2,916.57                           |

| Debtor 1<br>First Name   | Middle Name          | Last Name                         | Jeffery | Case number (if known) |  |              |                                   |                         |                      |  |  |  |  |   |                   |  |  |                 |  |  |                 |  |  |                 |  |               |                 |  |                                  |                 |  |                |                 |  |                                      |                   |         |  |                  |  |   |                    |  |   |  |  |  |  |  |                 |  |  |  |   |  |  |  |  |                            |                 |  |  |  |   |                 |  |  |  |  |  |  |  |  |                               |                 |  |  |  |                     |                 |  |  |  |  |                 |  |  |  |   |  |  |  |  |                |  |  |  |  |                                  |                 |  |  |  |  |                   |         |  |  |   |                |  |  |  |  |                     |         |   |            |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |
|--|----------------------|-----------------------------------|---------|------------------------|--|--------------|-----------------------------------|-------------------------|----------------------|--|--|--|--|---|-------------------|--|--|-----------------|--|--|-----------------|--|--|-----------------|--|---------------|-----------------|--|----------------------------------|-----------------|--|----------------|-----------------|--|--------------------------------------|-------------------|---------|--|------------------|--|---|--------------------|--|---|--|--|--|--|--|-----------------|--|--|--|---|--|--|--|--|----------------------------|-----------------|--|--|--|---|-----------------|--|--|--|--|--|--|--|--|-------------------------------|-----------------|--|--|--|---------------------|-----------------|--|--|--|--|-----------------|--|--|--|---|--|--|--|--|----------------|--|--|--|--|----------------------------------|-----------------|--|--|--|--|-------------------|---------|--|--|---|----------------|--|--|--|--|---------------------|---------|---|------------|---|--|--|--|--|--|--|--|--|--|---|--|--|--|--|----------------|--|--|--|--|--|-------------------|--|--|--|--|--|--|--|--|---|--|--|--|--|
|  |                      |                                   |         |                        |  |              |                                   |                         |                      |  |  |  |  |   |                   |  |  |                 |  |  |                 |  |  |                 |  |               |                 |  |                                  |                 |  |                |                 |  |                                      |                   |         |  |                  |  |   |                    |  |   |  |  |  |  |  |                 |  |  |  |   |  |  |  |  |                            |                 |  |  |  |   |                 |  |  |  |  |  |  |  |  |                               |                 |  |  |  |                     |                 |  |  |  |  |                 |  |  |  |   |  |  |  |  |                |  |  |  |  |                                  |                 |  |  |  |  |                   |         |  |  |   |                |  |  |  |  |                     |         |   |            |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">For Debtor 1</th> <th style="text-align: center;">For Debtor 2 or non-filing spouse</th> </tr> </thead> <tbody> <tr> <td><b>Copy line 4 here</b></td> <td style="text-align: right;">→ 4.      \$2,916.57</td> <td></td> </tr> <tr> <td><b>5. List all payroll deductions:</b></td> <td></td> <td></td> </tr> <tr> <td>5a. Tax, Medicare, and Social Security deductions</td> <td style="text-align: right;">5a.      \$340.38</td> <td></td> </tr> <tr> <td>5b. Mandatory contributions for retirement plans</td> <td style="text-align: right;">5b.      \$0.00</td> <td></td> </tr> <tr> <td>5c. Voluntary contributions for retirement plans</td> <td style="text-align: right;">5c.      \$0.00</td> <td></td> </tr> <tr> <td>5d. Required repayments of retirement fund loans</td> <td style="text-align: right;">5d.      \$0.00</td> <td></td> </tr> <tr> <td>5e. Insurance</td> <td style="text-align: right;">5e.      \$0.00</td> <td></td> </tr> <tr> <td>5f. Domestic support obligations</td> <td style="text-align: right;">5f.      \$0.00</td> <td></td> </tr> <tr> <td>5g. Union dues</td> <td style="text-align: right;">5g.      \$0.00</td> <td></td> </tr> <tr> <td>5h. Other deductions. Specify: _____</td> <td style="text-align: right;">5h. +      \$0.00</td> <td>+ _____</td> </tr> <tr> <td><b>6. Add the payroll deductions.</b> Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.</td> <td style="text-align: right;">6.      \$340.38</td> <td></td> </tr> <tr> <td><b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.</td> <td style="text-align: right;">7.      \$2,576.19</td> <td></td> </tr> <tr> <td><b>8. List all other income regularly received:</b></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>8a. Net income from rental property and from operating a business, profession, or farm</td> <td style="text-align: right;">8a.      \$0.00</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="5">Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.</td> </tr> <tr> <td>8b. Interest and dividends</td> <td style="text-align: right;">8b.      \$0.00</td> <td></td> <td></td> <td></td> </tr> <tr> <td>8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive</td> <td style="text-align: right;">8c.      \$0.00</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="5">Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.</td> </tr> <tr> <td>8d. Unemployment compensation</td> <td style="text-align: right;">8d.      \$0.00</td> <td></td> <td></td> <td></td> </tr> <tr> <td>8e. Social Security</td> <td style="text-align: right;">8e.      \$0.00</td> <td></td> <td></td> <td></td> </tr> <tr> <td>8f. Other government assistance that you regularly receive</td> <td style="text-align: right;">8f.      \$0.00</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="5">Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies</td> </tr> <tr> <td colspan="5">Specify: _____</td> </tr> <tr> <td>8g. Pension or retirement income</td> <td style="text-align: right;">8g.      \$0.00</td> <td></td> <td></td> <td></td> </tr> <tr> <td>8h. Other monthly income. Specify: _____</td> <td style="text-align: right;">8h. +      \$0.00</td> <td>+ _____</td> <td></td> <td></td> </tr> <tr> <td><b>9. 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Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income.<br/>Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i>, if it applies</td> <td style="text-align: right;">11. +      \$0.00</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>13. Do you expect an increase or decrease within the year after you file this form?</b></td> </tr> <tr> <td colspan="5"> <input checked="" type="checkbox"/> No.<br/> <input type="checkbox"/> Yes. Explain: _____         </td> </tr> </tbody> </table> |                      |                                   |         |                        |  | For Debtor 1 | For Debtor 2 or non-filing spouse | <b>Copy line 4 here</b> | → 4.      \$2,916.57 |  | <b>5. List all payroll deductions:</b> |  |  | 5a. Tax, Medicare, and Social Security deductions | 5a.      \$340.38 |  | 5b. 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Interest and dividends | 8b.      \$0.00 |  |  |  | 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive | 8c.      \$0.00 |  |  |  | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. |  |  |  |  | 8d. Unemployment compensation | 8d.      \$0.00 |  |  |  | 8e. Social Security | 8e.      \$0.00 |  |  |  | 8f. Other government assistance that you regularly receive | 8f.      \$0.00 |  |  |  | Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies |  |  |  |  | Specify: _____ |  |  |  |  | 8g. Pension or retirement income | 8g.      \$0.00 |  |  |  | 8h. Other monthly income. Specify: _____ | 8h. +      \$0.00 | + _____ |  |  | <b>9. Add all other income</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. | 9.      \$0.00 |  |  |  | <b>10. 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Do you expect an increase or decrease within the year after you file this form?</b> |  |  |  |  | <input checked="" type="checkbox"/> No.<br><input type="checkbox"/> Yes. Explain: _____ |  |  |  |  |
|  | For Debtor 1         | For Debtor 2 or non-filing spouse |         |                        |  |              |                                   |                         |                      |  |  |  |  |   |                   |  |  |                 |  |  |                 |  |  |                 |  |               |                 |  |                                  |                 |  |                |                 |  |                                      |                   |         |  |                  |  |   |                    |  |   |  |  |  |  |  |                 |  |  |  |   |  |  |  |  |                            |                 |  |  |  |   |                 |  |  |  |  |  |  |  |  |                               |                 |  |  |  |                     |                 |  |  |  |  |                 |  |  |  |   |  |  |  |  |                |  |  |  |  |                                  |                 |  |  |  |  |                   |         |  |  |   |                |  |  |  |  |                     |         |   |            |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |
| <b>Copy line 4 here</b>  | → 4.      \$2,916.57 |                                   |         |                        |  |              |                                   |                         |                      |  |  |  |  |   |                   |  |  |                 |  |  |                 |  |  |                 |  |               |                 |  |                                  |                 |  |                |                 |  |                                      |                   |         |  |                  |  |   |                    |  |   |  |  |  |  |  |                 |  |  |  |   |  |  |  |  |                            |                 |  |  |  |   |                 |  |  |  |  |  |  |  |  |                               |                 |  |  |  |                     |                 |  |  |  |  |                 |  |  |  |   |  |  |  |  |                |  |  |  |  |                                  |                 |  |  |  |  |                   |         |  |  |   |                |  |  |  |  |                     |         |   |            |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |
| <b>5. List all payroll deductions:</b>   |                      |                                   |         |                        |  |              |                                   |                         |                      |  |  |  |  |   |                   |  |  |                 |  |  |                 |  |  |                 |  |               |                 |  |                                  |                 |  |                |                 |  |                                      |                   |         |  |                  |  |   |                    |  |   |  |  |  |  |  |                 |  |  |  |   |  |  |  |  |                            |                 |  |  |  |   |                 |  |  |  |  |  |  |  |  |                               |                 |  |  |  |                     |                 |  |  |  |  |                 |  |  |  |   |  |  |  |  |                |  |  |  |  |                                  |                 |  |  |  |  |                   |         |  |  |   |                |  |  |  |  |                     |         |   |            |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |
| 5a. Tax, Medicare, and Social Security deductions  | 5a.      \$340.38    |                                   |         |                        |  |              |                                   |                         |                      |  |  |  |  |   |                   |  |  |                 |  |  |                 |  |  |                 |  |               |                 |  |                                  |                 |  |                |                 |  |                                      |                   |         |  |                  |  |   |                    |  |   |  |  |  |  |  |                 |  |  |  |   |  |  |  |  |                            |                 |  |  |  |   |                 |  |  |  |  |  |  |  |  |                               |                 |  |  |  |                     |                 |  |  |  |  |                 |  |  |  |   |  |  |  |  |                |  |  |  |  |                                  |                 |  |  |  |  |                   |         |  |  |   |                |  |  |  |  |                     |         |   |            |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |
| 5b. Mandatory contributions for retirement plans   | 5b.      \$0.00      |                                   |         |                        |  |              |                                   |                         |                      |  |  |  |  |   |                   |  |  |                 |  |  |                 |  |  |                 |  |               |                 |  |                                  |                 |  |                |                 |  |                                      |                   |         |  |                  |  |   |                    |  |   |  |  |  |  |  |                 |  |  |  |   |  |  |  |  |                            |                 |  |  |  |   |                 |  |  |  |  |  |  |  |  |                               |                 |  |  |  |                     |                 |  |  |  |  |                 |  |  |  |   |  |  |  |  |                |  |  |  |  |                                  |                 |  |  |  |  |                   |         |  |  |   |                |  |  |  |  |                     |         |   |            |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |
| 5c. Voluntary contributions for retirement plans   | 5c.      \$0.00      |                                   |         |                        |  |              |                                   |                         |                      |  |  |  |  |   |                   |  |  |                 |  |  |                 |  |  |                 |  |               |                 |  |                                  |                 |  |                |                 |  |                                      |                   |         |  |                  |  |   |                    |  |   |  |  |  |  |  |                 |  |  |  |   |  |  |  |  |                            |                 |  |  |  |   |                 |  |  |  |  |  |  |  |  |                               |                 |  |  |  |                     |                 |  |  |  |  |                 |  |  |  |   |  |  |  |  |                |  |  |  |  |                                  |                 |  |  |  |  |                   |         |  |  |   |                |  |  |  |  |                     |         |   |            |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |
| 5d. Required repayments of retirement fund loans   | 5d.      \$0.00      |                                   |         |                        |  |              |                                   |                         |                      |  |  |  |  |   |                   |  |  |                 |  |  |                 |  |  |                 |  |               |                 |  |                                  |                 |  |                |                 |  |                                      |                   |         |  |                  |  |   |                    |  |   |  |  |  |  |  |                 |  |  |  |   |  |  |  |  |                            |                 |  |  |  |   |                 |  |  |  |  |  |  |  |  |                               |                 |  |  |  |                     |                 |  |  |  |  |                 |  |  |  |   |  |  |  |  |                |  |  |  |  |                                  |                 |  |  |  |  |                   |         |  |  |   |                |  |  |  |  |                     |         |   |            |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |
| 5e. Insurance  | 5e.      \$0.00      |                                   |         |                        |  |              |                                   |                         |                      |  |  |  |  |   |                   |  |  |                 |  |  |                 |  |  |                 |  |               |                 |  |                                  |                 |  |                |                 |  |                                      |                   |         |  |                  |  |   |                    |  |   |  |  |  |  |  |                 |  |  |  |   |  |  |  |  |                            |                 |  |  |  |   |                 |  |  |  |  |  |  |  |  |                               |                 |  |  |  |                     |                 |  |  |  |  |                 |  |  |  |   |  |  |  |  |                |  |  |  |  |                                  |                 |  |  |  |  |                   |         |  |  |   |                |  |  |  |  |                     |         |   |            |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |
| 5f. Domestic support obligations   | 5f.      \$0.00      |                                   |         |                        |  |              |                                   |                         |                      |  |  |  |  |   |                   |  |  |                 |  |  |                 |  |  |                 |  |               |                 |  |                                  |                 |  |                |                 |  |                                      |                   |         |  |                  |  |   |                    |  |   |  |  |  |  |  |                 |  |  |  |   |  |  |  |  |                            |                 |  |  |  |   |                 |  |  |  |  |  |  |  |  |                               |                 |  |  |  |                     |                 |  |  |  |  |                 |  |  |  |   |  |  |  |  |                |  |  |  |  |                                  |                 |  |  |  |  |                   |         |  |  |   |                |  |  |  |  |                     |         |   |            |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |
| 5g. Union dues   | 5g.      \$0.00      |                                   |         |                        |  |              |                                   |                         |                      |  |  |  |  |   |                   |  |  |                 |  |  |                 |  |  |                 |  |               |                 |  |                                  |                 |  |                |                 |  |                                      |                   |         |  |                  |  |   |                    |  |   |  |  |  |  |  |                 |  |  |  |   |  |  |  |  |                            |                 |  |  |  |   |                 |  |  |  |  |  |  |  |  |                               |                 |  |  |  |                     |                 |  |  |  |  |                 |  |  |  |   |  |  |  |  |                |  |  |  |  |                                  |                 |  |  |  |  |                   |         |  |  |   |                |  |  |  |  |                     |         |   |            |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |
| 5h. Other deductions. Specify: _____   | 5h. +      \$0.00    | + _____                           |         |                        |  |              |                                   |                         |                      |  |  |  |  |   |                   |  |  |                 |  |  |                 |  |  |                 |  |               |                 |  |                                  |                 |  |                |                 |  |                                      |                   |         |  |                  |  |   |                    |  |   |  |  |  |  |  |                 |  |  |  |   |  |  |  |  |                            |                 |  |  |  |   |                 |  |  |  |  |  |  |  |  |                               |                 |  |  |  |                     |                 |  |  |  |  |                 |  |  |  |   |  |  |  |  |                |  |  |  |  |                                  |                 |  |  |  |  |                   |         |  |  |   |                |  |  |  |  |                     |         |   |            |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |
| <b>6. Add the payroll deductions.</b> Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.   | 6.      \$340.38     |                                   |         |                        |  |              |                                   |                         |                      |  |  |  |  |   |                   |  |  |                 |  |  |                 |  |  |                 |  |               |                 |  |                                  |                 |  |                |                 |  |                                      |                   |         |  |                  |  |   |                    |  |   |  |  |  |  |  |                 |  |  |  |   |  |  |  |  |                            |                 |  |  |  |   |                 |  |  |  |  |  |  |  |  |                               |                 |  |  |  |                     |                 |  |  |  |  |                 |  |  |  |   |  |  |  |  |                |  |  |  |  |                                  |                 |  |  |  |  |                   |         |  |  |   |                |  |  |  |  |                     |         |   |            |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |
| <b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.  | 7.      \$2,576.19   |                                   |         |                        |  |              |                                   |                         |                      |  |  |  |  |   |                   |  |  |                 |  |  |                 |  |  |                 |  |               |                 |  |                                  |                 |  |                |                 |  |                                      |                   |         |  |                  |  |   |                    |  |   |  |  |  |  |  |                 |  |  |  |   |  |  |  |  |                            |                 |  |  |  |   |                 |  |  |  |  |  |  |  |  |                               |                 |  |  |  |                     |                 |  |  |  |  |                 |  |  |  |   |  |  |  |  |                |  |  |  |  |                                  |                 |  |  |  |  |                   |         |  |  |   |                |  |  |  |  |                     |         |   |            |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |
| <b>8. List all other income regularly received:</b>  |                      |                                   |         |                        |  |              |                                   |                         |                      |  |  |  |  |   |                   |  |  |                 |  |  |                 |  |  |                 |  |               |                 |  |                                  |                 |  |                |                 |  |                                      |                   |         |  |                  |  |   |                    |  |   |  |  |  |  |  |                 |  |  |  |   |  |  |  |  |                            |                 |  |  |  |   |                 |  |  |  |  |  |  |  |  |                               |                 |  |  |  |                     |                 |  |  |  |  |                 |  |  |  |   |  |  |  |  |                |  |  |  |  |                                  |                 |  |  |  |  |                   |         |  |  |   |                |  |  |  |  |                     |         |   |            |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |
| 8a. Net income from rental property and from operating a business, profession, or farm   | 8a.      \$0.00      |                                   |         |                        |  |              |                                   |                         |                      |  |  |  |  |   |                   |  |  |                 |  |  |                 |  |  |                 |  |               |                 |  |                                  |                 |  |                |                 |  |                                      |                   |         |  |                  |  |   |                    |  |   |  |  |  |  |  |                 |  |  |  |   |  |  |  |  |                            |                 |  |  |  |   |                 |  |  |  |  |  |  |  |  |                               |                 |  |  |  |                     |                 |  |  |  |  |                 |  |  |  |   |  |  |  |  |                |  |  |  |  |                                  |                 |  |  |  |  |                   |         |  |  |   |                |  |  |  |  |                     |         |   |            |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |
| Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  |                      |                                   |         |                        |  |              |                                   |                         |                      |  |  |  |  |   |                   |  |  |                 |  |  |                 |  |  |                 |  |               |                 |  |                                  |                 |  |                |                 |  |                                      |                   |         |  |                  |  |   |                    |  |   |  |  |  |  |  |                 |  |  |  |   |  |  |  |  |                            |                 |  |  |  |   |                 |  |  |  |  |  |  |  |  |                               |                 |  |  |  |                     |                 |  |  |  |  |                 |  |  |  |   |  |  |  |  |                |  |  |  |  |                                  |                 |  |  |  |  |                   |         |  |  |   |                |  |  |  |  |                     |         |   |            |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |
| 8b. Interest and dividends   | 8b.      \$0.00      |                                   |         |                        |  |              |                                   |                         |                      |  |  |  |  |   |                   |  |  |                 |  |  |                 |  |  |                 |  |               |                 |  |                                  |                 |  |                |                 |  |                                      |                   |         |  |                  |  |   |                    |  |   |  |  |  |  |  |                 |  |  |  |   |  |  |  |  |                            |                 |  |  |  |   |                 |  |  |  |  |  |  |  |  |                               |                 |  |  |  |                     |                 |  |  |  |  |                 |  |  |  |   |  |  |  |  |                |  |  |  |  |                                  |                 |  |  |  |  |                   |         |  |  |   |                |  |  |  |  |                     |         |   |            |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive  | 8c.      \$0.00      |                                   |         |                        |  |              |                                   |                         |                      |  |  |  |  |   |                   |  |  |                 |  |  |                 |  |  |                 |  |               |                 |  |                                  |                 |  |                |                 |  |                                      |                   |         |  |                  |  |   |                    |  |   |  |  |  |  |  |                 |  |  |  |   |  |  |  |  |                            |                 |  |  |  |   |                 |  |  |  |  |  |  |  |  |                               |                 |  |  |  |                     |                 |  |  |  |  |                 |  |  |  |   |  |  |  |  |                |  |  |  |  |                                  |                 |  |  |  |  |                   |         |  |  |   |                |  |  |  |  |                     |         |   |            |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |
| Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   |                      |                                   |         |                        |  |              |                                   |                         |                      |  |  |  |  |   |                   |  |  |                 |  |  |                 |  |  |                 |  |               |                 |  |                                  |                 |  |                |                 |  |                                      |                   |         |  |                  |  |   |                    |  |   |  |  |  |  |  |                 |  |  |  |   |  |  |  |  |                            |                 |  |  |  |   |                 |  |  |  |  |  |  |  |  |                               |                 |  |  |  |                     |                 |  |  |  |  |                 |  |  |  |   |  |  |  |  |                |  |  |  |  |                                  |                 |  |  |  |  |                   |         |  |  |   |                |  |  |  |  |                     |         |   |            |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |
| 8d. Unemployment compensation  | 8d.      \$0.00      |                                   |         |                        |  |              |                                   |                         |                      |  |  |  |  |   |                   |  |  |                 |  |  |                 |  |  |                 |  |               |                 |  |                                  |                 |  |                |                 |  |                                      |                   |         |  |                  |  |   |                    |  |   |  |  |  |  |  |                 |  |  |  |   |  |  |  |  |                            |                 |  |  |  |   |                 |  |  |  |  |  |  |  |  |                               |                 |  |  |  |                     |                 |  |  |  |  |                 |  |  |  |   |  |  |  |  |                |  |  |  |  |                                  |                 |  |  |  |  |                   |         |  |  |   |                |  |  |  |  |                     |         |   |            |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |
| 8e. Social Security  | 8e.      \$0.00      |                                   |         |                        |  |              |                                   |                         |                      |  |  |  |  |   |                   |  |  |                 |  |  |                 |  |  |                 |  |               |                 |  |                                  |                 |  |                |                 |  |                                      |                   |         |  |                  |  |   |                    |  |   |  |  |  |  |  |                 |  |  |  |   |  |  |  |  |                            |                 |  |  |  |   |                 |  |  |  |  |  |  |  |  |                               |                 |  |  |  |                     |                 |  |  |  |  |                 |  |  |  |   |  |  |  |  |                |  |  |  |  |                                  |                 |  |  |  |  |                   |         |  |  |   |                |  |  |  |  |                     |         |   |            |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |
| 8f. Other government assistance that you regularly receive   | 8f.      \$0.00      |                                   |         |                        |  |              |                                   |                         |                      |  |  |  |  |   |                   |  |  |                 |  |  |                 |  |  |                 |  |               |                 |  |                                  |                 |  |                |                 |  |                                      |                   |         |  |                  |  |   |                    |  |   |  |  |  |  |  |                 |  |  |  |   |  |  |  |  |                            |                 |  |  |  |   |                 |  |  |  |  |  |  |  |  |                               |                 |  |  |  |                     |                 |  |  |  |  |                 |  |  |  |   |  |  |  |  |                |  |  |  |  |                                  |                 |  |  |  |  |                   |         |  |  |   |                |  |  |  |  |                     |         |   |            |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |
| Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies  |                      |                                   |         |                        |  |              |                                   |                         |                      |  |  |  |  |   |                   |  |  |                 |  |  |                 |  |  |                 |  |               |                 |  |                                  |                 |  |                |                 |  |                                      |                   |         |  |                  |  |   |                    |  |   |  |  |  |  |  |                 |  |  |  |   |  |  |  |  |                            |                 |  |  |  |   |                 |  |  |  |  |  |  |  |  |                               |                 |  |  |  |                     |                 |  |  |  |  |                 |  |  |  |   |  |  |  |  |                |  |  |  |  |                                  |                 |  |  |  |  |                   |         |  |  |   |                |  |  |  |  |                     |         |   |            |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |
| Specify: _____   |                      |                                   |         |                        |  |              |                                   |                         |                      |  |  |  |  |   |                   |  |  |                 |  |  |                 |  |  |                 |  |               |                 |  |                                  |                 |  |                |                 |  |                                      |                   |         |  |                  |  |   |                    |  |   |  |  |  |  |  |                 |  |  |  |   |  |  |  |  |                            |                 |  |  |  |   |                 |  |  |  |  |  |  |  |  |                               |                 |  |  |  |                     |                 |  |  |  |  |                 |  |  |  |   |  |  |  |  |                |  |  |  |  |                                  |                 |  |  |  |  |                   |         |  |  |   |                |  |  |  |  |                     |         |   |            |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |
| 8g. Pension or retirement income   | 8g.      \$0.00      |                                   |         |                        |  |              |                                   |                         |                      |  |  |  |  |   |                   |  |  |                 |  |  |                 |  |  |                 |  |               |                 |  |                                  |                 |  |                |                 |  |                                      |                   |         |  |                  |  |   |                    |  |   |  |  |  |  |  |                 |  |  |  |   |  |  |  |  |                            |                 |  |  |  |   |                 |  |  |  |  |  |  |  |  |                               |                 |  |  |  |                     |                 |  |  |  |  |                 |  |  |  |   |  |  |  |  |                |  |  |  |  |                                  |                 |  |  |  |  |                   |         |  |  |   |                |  |  |  |  |                     |         |   |            |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |
| 8h. Other monthly income. Specify: _____   | 8h. +      \$0.00    | + _____                           |         |                        |  |              |                                   |                         |                      |  |  |  |  |   |                   |  |  |                 |  |  |                 |  |  |                 |  |               |                 |  |                                  |                 |  |                |                 |  |                                      |                   |         |  |                  |  |   |                    |  |   |  |  |  |  |  |                 |  |  |  |   |  |  |  |  |                            |                 |  |  |  |   |                 |  |  |  |  |  |  |  |  |                               |                 |  |  |  |                     |                 |  |  |  |  |                 |  |  |  |   |  |  |  |  |                |  |  |  |  |                                  |                 |  |  |  |  |                   |         |  |  |   |                |  |  |  |  |                     |         |   |            |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |
| <b>9. Add all other income</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.  | 9.      \$0.00       |                                   |         |                        |  |              |                                   |                         |                      |  |  |  |  |   |                   |  |  |                 |  |  |                 |  |  |                 |  |               |                 |  |                                  |                 |  |                |                 |  |                                      |                   |         |  |                  |  |   |                    |  |   |  |  |  |  |  |                 |  |  |  |   |  |  |  |  |                            |                 |  |  |  |   |                 |  |  |  |  |  |  |  |  |                               |                 |  |  |  |                     |                 |  |  |  |  |                 |  |  |  |   |  |  |  |  |                |  |  |  |  |                                  |                 |  |  |  |  |                   |         |  |  |   |                |  |  |  |  |                     |         |   |            |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |
| <b>10. Calculate monthly income.</b> Add line 7 + line 9.<br>Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse   | 10.      \$2,576.19  | + _____                           | =       | \$2,576.19             |  |              |                                   |                         |                      |  |  |  |  |   |                   |  |  |                 |  |  |                 |  |  |                 |  |               |                 |  |                                  |                 |  |                |                 |  |                                      |                   |         |  |                  |  |   |                    |  |   |  |  |  |  |  |                 |  |  |  |   |  |  |  |  |                            |                 |  |  |  |   |                 |  |  |  |  |  |  |  |  |                               |                 |  |  |  |                     |                 |  |  |  |  |                 |  |  |  |   |  |  |  |  |                |  |  |  |  |                                  |                 |  |  |  |  |                   |         |  |  |   |                |  |  |  |  |                     |         |   |            |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |
| <b>11. State all other regular contributions to the expenses that you list in Schedule J.</b>  |                      |                                   |         |                        |  |              |                                   |                         |                      |  |  |  |  |   |                   |  |  |                 |  |  |                 |  |  |                 |  |               |                 |  |                                  |                 |  |                |                 |  |                                      |                   |         |  |                  |  |   |                    |  |   |  |  |  |  |  |                 |  |  |  |   |  |  |  |  |                            |                 |  |  |  |   |                 |  |  |  |  |  |  |  |  |                               |                 |  |  |  |                     |                 |  |  |  |  |                 |  |  |  |   |  |  |  |  |                |  |  |  |  |                                  |                 |  |  |  |  |                   |         |  |  |   |                |  |  |  |  |                     |         |   |            |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |
| Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.   |                      |                                   |         |                        |  |              |                                   |                         |                      |  |  |  |  |   |                   |  |  |                 |  |  |                 |  |  |                 |  |               |                 |  |                                  |                 |  |                |                 |  |                                      |                   |         |  |                  |  |   |                    |  |   |  |  |  |  |  |                 |  |  |  |   |  |  |  |  |                            |                 |  |  |  |   |                 |  |  |  |  |  |  |  |  |                               |                 |  |  |  |                     |                 |  |  |  |  |                 |  |  |  |   |  |  |  |  |                |  |  |  |  |                                  |                 |  |  |  |  |                   |         |  |  |   |                |  |  |  |  |                     |         |   |            |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |
| Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  |                      |                                   |         |                        |  |              |                                   |                         |                      |  |  |  |  |   |                   |  |  |                 |  |  |                 |  |  |                 |  |               |                 |  |                                  |                 |  |                |                 |  |                                      |                   |         |  |                  |  |   |                    |  |   |  |  |  |  |  |                 |  |  |  |   |  |  |  |  |                            |                 |  |  |  |   |                 |  |  |  |  |  |  |  |  |                               |                 |  |  |  |                     |                 |  |  |  |  |                 |  |  |  |   |  |  |  |  |                |  |  |  |  |                                  |                 |  |  |  |  |                   |         |  |  |   |                |  |  |  |  |                     |         |   |            |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |
| Specify: _____   |                      |                                   |         |                        |  |              |                                   |                         |                      |  |  |  |  |   |                   |  |  |                 |  |  |                 |  |  |                 |  |               |                 |  |                                  |                 |  |                |                 |  |                                      |                   |         |  |                  |  |   |                    |  |   |  |  |  |  |  |                 |  |  |  |   |  |  |  |  |                            |                 |  |  |  |   |                 |  |  |  |  |  |  |  |  |                               |                 |  |  |  |                     |                 |  |  |  |  |                 |  |  |  |   |  |  |  |  |                |  |  |  |  |                                  |                 |  |  |  |  |                   |         |  |  |   |                |  |  |  |  |                     |         |   |            |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |
| <b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income.<br>Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies   | 11. +      \$0.00    |                                   |         |                        |  |              |                                   |                         |                      |  |  |  |  |   |                   |  |  |                 |  |  |                 |  |  |                 |  |               |                 |  |                                  |                 |  |                |                 |  |                                      |                   |         |  |                  |  |   |                    |  |   |  |  |  |  |  |                 |  |  |  |   |  |  |  |  |                            |                 |  |  |  |   |                 |  |  |  |  |  |  |  |  |                               |                 |  |  |  |                     |                 |  |  |  |  |                 |  |  |  |   |  |  |  |  |                |  |  |  |  |                                  |                 |  |  |  |  |                   |         |  |  |   |                |  |  |  |  |                     |         |   |            |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |
| <b>13. Do you expect an increase or decrease within the year after you file this form?</b>   |                      |                                   |         |                        |  |              |                                   |                         |                      |  |  |  |  |   |                   |  |  |                 |  |  |                 |  |  |                 |  |               |                 |  |                                  |                 |  |                |                 |  |                                      |                   |         |  |                  |  |   |                    |  |   |  |  |  |  |  |                 |  |  |  |   |  |  |  |  |                            |                 |  |  |  |   |                 |  |  |  |  |  |  |  |  |                               |                 |  |  |  |                     |                 |  |  |  |  |                 |  |  |  |   |  |  |  |  |                |  |  |  |  |                                  |                 |  |  |  |  |                   |         |  |  |   |                |  |  |  |  |                     |         |   |            |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |
| <input checked="" type="checkbox"/> No.<br><input type="checkbox"/> Yes. Explain: _____  |                      |                                   |         |                        |  |              |                                   |                         |                      |  |  |  |  |   |                   |  |  |                 |  |  |                 |  |  |                 |  |               |                 |  |                                  |                 |  |                |                 |  |                                      |                   |         |  |                  |  |   |                    |  |   |  |  |  |  |  |                 |  |  |  |   |  |  |  |  |                            |                 |  |  |  |   |                 |  |  |  |  |  |  |  |  |                               |                 |  |  |  |                     |                 |  |  |  |  |                 |  |  |  |   |  |  |  |  |                |  |  |  |  |                                  |                 |  |  |  |  |                   |         |  |  |   |                |  |  |  |  |                     |         |   |            |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |

Fill in this information to identify your case:

|   |            |             |                     |
|---|------------|-------------|---------------------|
| Debtor 1                                | First Name | Middle Name | Last Name           |
|   | Kendra     |             | Jeffery             |
| Debtor 2<br>(Spouse, if filing)         | First Name | Middle Name | Last Name           |
|   |            |             |                     |
| United States Bankruptcy Court for the: | Northern   | District of | Illinois<br>(State) |
| Case number<br>(If known)               |            |             |                     |

Check if this is:

An amended filing  
 A supplement showing post-petition chapter 13 expenses as of the following date:  
 MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2  
 Yes. Does Debtor 2 live in a separate household?  
 No  
 Yes. Debtor 2 must file Official Forms 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?  No

Do not list Debtor 1 and Debtor 2.  Yes. Fill out this information for each dependent

| Dependent's relationship to Debtor 1 or Debtor 2 | Dependent's age | Does dependent live with you?  |
|--|-----------------|--|
| Child  | 14 years        | <input type="checkbox"/> No.<br><input checked="" type="checkbox"/> Yes. |
| Child  | 11 years        | <input type="checkbox"/> No.<br><input checked="" type="checkbox"/> Yes. |
| Child  | 7 months        | <input type="checkbox"/> No.<br><input checked="" type="checkbox"/> Yes. |

3. Do your expenses include expenses of people other than yourself and your dependents?

No  
 Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form B 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. 4.

Your expenses

\$890.00

4.

|   |            |
|---|------------|
| If not included in line 4:                        |            |
| 4a. Real estate taxes                             | 4a \$0.00  |
| 4b. Property, homeowner's, or renter's insurance  | 4b. \$0.00 |
| 4c. Home maintenance, repair, and upkeep expenses | 4c. \$0.00 |
| 4d. Homeowner's association or condominium dues   | 4d. \$0.00 |

| Debtor 1   | Kendra     | Jeffery     | Case number (if known) |
|--|------------|-------------|------------------------|
|  | First Name | Middle Name | Last Name              |
| <b>5. Additional mortgage payments for your residence, such as home equity loans</b>   | 5.         |             | <b>\$0.00</b>          |
| <b>6. Utilities:</b>   |            |             |                        |
| 6a. Electricity, heat, natural gas   | 6a.        |             | <b>\$80.00</b>         |
| 6b. Water, sewer, garbage collection   | 6b.        |             | <b>\$0.00</b>          |
| 6c. Telephone, cell phone, Internet, satellite, and cable services   | 6c.        |             | <b>\$300.00</b>        |
| 6d. Other. Specify: _____  | 6d.        |             | <b>\$0.00</b>          |
| <b>7. Food and housekeeping supplies</b>   | 7.         |             | <b>\$958.00</b>        |
| <b>8. Childcare and children's education costs</b>   | 8.         |             | <b>\$0.00</b>          |
| <b>9. Clothing, laundry, and dry cleaning</b>  | 9.         |             | <b>\$23.00</b>         |
| <b>10. Personal care products and services</b>   | 10.        |             | <b>\$200.00</b>        |
| <b>11. Medical and dental expenses</b>   | 11.        |             | <b>\$0.00</b>          |
| <b>12. Transportation.</b> Include gas, maintenance, bus or train fare.<br>Do not include car payments   | 12.        |             | <b>\$200.00</b>        |
| <b>13. Entertainment, clubs, recreation, newspapers, magazines, and books</b>  | 13.        |             | <b>\$0.00</b>          |
| <b>14. Charitable contributions and religious donations</b>  | 14.        |             | <b>\$0.00</b>          |
| <b>15. Insurance.</b><br>Do not include insurance deducted from your pay or included in lines 4 or 20.   |            |             |                        |
| 15a. Life insurance  | 15a        |             | <b>\$0.00</b>          |
| 15b. Health insurance  | 15b        |             | <b>\$0.00</b>          |
| 15c. Vehicle insurance   | 15c        |             | <b>\$0.00</b>          |
| 15d. Other insurance. Specify: _____   | 15d        |             | <b>\$0.00</b>          |
| <b>16. Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.<br>Specify: _____  | 16         |             | <b>\$0.00</b>          |
| <b>17. Installment or lease payments:</b>  |            |             |                        |
| 17a. Car payments for Vehicle 1  | 17a        |             | <b>\$0.00</b>          |
| 17b. Car payments for Vehicle 2  | 17b        |             | <b>\$0.00</b>          |
| 17c. Other. Specify: _____   | 17c        |             | <b>\$0.00</b>          |
| 17d. Other. Specify: _____   | 17d        |             | <b>\$0.00</b>          |
| <b>18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b> | 18.        |             | <b>\$0.00</b>          |
| <b>19. Other payments you make to support others who do not live with you.</b><br>Specify: _____   | 19.        |             | <b>\$0.00</b>          |
| <b>20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>   |            |             |                        |
| 20a. Mortgages on other property   | 20a        |             | <b>\$0.00</b>          |
| 20b. Real estate taxes.  | 20b        |             | <b>\$0.00</b>          |
| 20c. Property, homeowner's, or renter's insurance  | 20c        |             | <b>\$0.00</b>          |
| 20d. Maintenance, repair, and upkeep expenses.   | 20d        |             | <b>\$0.00</b>          |
| 20e. Homeowner's association or condominium dues   | 20e        |             | <b>\$0.00</b>          |

Debtor 1 Kendra \_\_\_\_\_ Jeffery \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

|   |     |            |
|---|-----|------------|
| 21. Other. Specify:   | 21  | \$0.00     |
| 22. Calculate your monthly expenses.  |     |            |
| 22a. Add lines 4 through 21.  |     | \$2,651.00 |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2                    |     | \$0.00     |
| 22c. Add line 22a and 22b. The result is your monthly expenses.   | 22. | \$2,651.00 |
| 23. Calculate your monthly net income.  |     |            |
| 23a. Copy line 12 (your combined monthly income) from Schedule I.                                       | 23a | \$2,576.19 |
| 23b. Copy your monthly expenses from line 22 above.   | 23b | \$2,651.00 |
| 23c. Subtract your monthly expenses from your monthly income.<br>The result is your monthly net income. | 23c | (\$74.81)  |

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No  
 Yes

Explain here:

Fill in this information to identify your case:

|   |            |                      |           |
|---|------------|----------------------|-----------|
| Debtor 1                                | Kendra     | Jeffery              |           |
|   | First Name | Middle Name          | Last Name |
| Debtor 2<br>(Spouse, if filing)         | First Name | Middle Name          | Last Name |
| United States Bankruptcy Court for the: | Northern   | District of Illinois |           |
| Case number<br>(If known)               |            |                      |           |

Check if this is an amended filing

## Official Form 106Dec

### Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

#### Part 1: Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

**X** /s/ Kendra Jeffery

Signature of Debtor 1

Date 10/10/2019  
MM/DD/YYYY

**X**

Signature of Debtor 2

Date                     
MM/DD/YYYY

Fill in this information to identify your case:

|   |            |                                 |           |
|---|------------|---------------------------------|-----------|
| Debtor 1                                | Kendra     | Jeffery                         |           |
|   | First Name | Middle Name                     | Last Name |
| Debtor 2<br>(Spouse, if filing)         | First Name | Middle Name                     | Last Name |
| United States Bankruptcy Court for the: | Northern   | District of Illinois<br>(State) |           |
| Case number<br>(If known)               |            |                                 |           |

Check if this is an amended filing

## Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

Married  
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

No  
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

| Debtor 1:                                     | Dates Debtor 1 lived there       | Debtor 2:        | Dates Debtor 2 lived there |
|---|----------------------------------|------------------|----------------------------|
| 9020 S Ada<br>Number Street                   | From 01/01/2012<br>To 01/01/2018 | Number Street    | From _____<br>To _____     |
| Chicago Illinois 60620<br>City State Zip Code | City State Zip Code              | Same as Debtor 1 | Same as Debtor 1           |
| Number Street                                 | From _____<br>To _____           | Number Street    | From _____<br>To _____     |
| City State Zip Code                           | City State Zip Code              | Same as Debtor 1 | Same as Debtor 1           |

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No  
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Debtor 1 Kendra \_\_\_\_\_  
 First Name Middle Name Jeffery \_\_\_\_\_  
 Last Name Case number (if known) \_\_\_\_\_

**Part 2: Explain the Sources of Your Income**

**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No

Yes. Fill in the details.

| Debtor 1   |  | Debtor 2   |   |
|--|--|--|---|
|  | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and exclusions) | Sources of income<br>Check all that apply.  |
| From January 1 of current year until the date you filed for bankruptcy:                | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business | \$21000.00   | <input type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business |
| For last calendar year:<br>(January 1 to December 31, <u>2018</u> )<br>YYYY            | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business | \$21853.00   | <input type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business |
| For the calendar year before that:<br>(January 1 to December 31, <u>2017</u> )<br>YYYY | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business | \$25000.00   | <input type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business |

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No

Yes. Fill in the details.

| Debtor 1   |                                      | Debtor 2  |                                      |
|--|--------------------------------------|---|--------------------------------------|
|  | Sources of income<br>Describe below. | Gross income from each source<br>(before deductions and exclusions) | Sources of income<br>Describe below. |
| From January 1 of current year until the date you filed for bankruptcy:                | _____                                | _____   | _____                                |
| For last calendar year:<br>(January 1 to December 31, <u>2018</u> )<br>YYYY            | _____                                | _____   | _____                                |
| For the calendar year before that:<br>(January 1 to December 31, <u>2017</u> )<br>YYYY | _____                                | _____   | _____                                |

Debtor 1 Kendra \_\_\_\_\_ Jeffery \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**

**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

|                     | Dates of payment | Total amount paid | Amount you still owe | Was this payment for...   |
|---------------------|------------------|-------------------|----------------------|---|
| Creditor's Name     | _____            | _____             | _____                | <input type="checkbox"/> Mortgage<br><input type="checkbox"/> Car<br><input type="checkbox"/> Credit card<br><input type="checkbox"/> Loan repayment<br><input type="checkbox"/> Suppliers or vendors<br><input type="checkbox"/> Other |
| Number Street       | _____            | _____             | _____                | <input type="checkbox"/> Mortgage<br><input type="checkbox"/> Car<br><input type="checkbox"/> Credit card<br><input type="checkbox"/> Loan repayment<br><input type="checkbox"/> Suppliers or vendors<br><input type="checkbox"/> Other |
| City State Zip Code | _____            | _____             | _____                | <input type="checkbox"/> Mortgage<br><input type="checkbox"/> Car<br><input type="checkbox"/> Credit card<br><input type="checkbox"/> Loan repayment<br><input type="checkbox"/> Suppliers or vendors<br><input type="checkbox"/> Other |
| Creditor's Name     | _____            | _____             | _____                | <input type="checkbox"/> Mortgage<br><input type="checkbox"/> Car<br><input type="checkbox"/> Credit card<br><input type="checkbox"/> Loan repayment<br><input type="checkbox"/> Suppliers or vendors<br><input type="checkbox"/> Other |
| Number Street       | _____            | _____             | _____                | <input type="checkbox"/> Mortgage<br><input type="checkbox"/> Car<br><input type="checkbox"/> Credit card<br><input type="checkbox"/> Loan repayment<br><input type="checkbox"/> Suppliers or vendors<br><input type="checkbox"/> Other |
| City State Zip Code | _____            | _____             | _____                | <input type="checkbox"/> Mortgage<br><input type="checkbox"/> Car<br><input type="checkbox"/> Credit card<br><input type="checkbox"/> Loan repayment<br><input type="checkbox"/> Suppliers or vendors<br><input type="checkbox"/> Other |
| Creditor's Name     | _____            | _____             | _____                | <input type="checkbox"/> Mortgage<br><input type="checkbox"/> Car<br><input type="checkbox"/> Credit card<br><input type="checkbox"/> Loan repayment<br><input type="checkbox"/> Suppliers or vendors<br><input type="checkbox"/> Other |
| Number Street       | _____            | _____             | _____                | <input type="checkbox"/> Mortgage<br><input type="checkbox"/> Car<br><input type="checkbox"/> Credit card<br><input type="checkbox"/> Loan repayment<br><input type="checkbox"/> Suppliers or vendors<br><input type="checkbox"/> Other |
| City State Zip Code | _____            | _____             | _____                | <input type="checkbox"/> Mortgage<br><input type="checkbox"/> Car<br><input type="checkbox"/> Credit card<br><input type="checkbox"/> Loan repayment<br><input type="checkbox"/> Suppliers or vendors<br><input type="checkbox"/> Other |

Debtor 1 Kendra \_\_\_\_\_ Jeffery \_\_\_\_\_ Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No

Yes. List all payments to an insider.

|                     | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
|---------------------|------------------|-------------------|----------------------|-------------------------|
| Insider's Name      | _____            | _____             | _____                |                         |
| Number Street       | _____            | _____             | _____                |                         |
| City State Zip Code | _____            | _____             | _____                |                         |
| Insider's Name      | _____            | _____             | _____                |                         |
| Number Street       | _____            | _____             | _____                |                         |
| City State Zip Code | _____            | _____             | _____                |                         |

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

No

Yes. List all payments that benefited an insider.

|                     | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment<br><i>Include creditor's name</i> |
|---------------------|------------------|-------------------|----------------------|---|
| Insider's Name      | _____            | _____             | _____                |   |
| Number Street       | _____            | _____             | _____                |   |
| City State Zip Code | _____            | _____             | _____                |   |
| Insider's Name      | _____            | _____             | _____                |   |
| Number Street       | _____            | _____             | _____                |   |
| City State Zip Code | _____            | _____             | _____                |   |

Debtor 1 Kendra \_\_\_\_\_ Jeffery \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No

Yes. Fill in the details.

|   | Nature of the case | Court or agency  | Status of the case   |
|---|--------------------|--|--|
| Case title<br>_____<br>Case number<br>_____ |                    | Court Name<br>_____<br>NumberStreet<br>_____   | <input type="checkbox"/> Pending<br><input type="checkbox"/> On appeal<br><input type="checkbox"/> Concluded |
| Case title<br>_____<br>Case number<br>_____ |                    | City      State      Zip Code<br>_____<br>Court Name<br>_____<br>NumberStreet<br>_____ | <input type="checkbox"/> Pending<br><input type="checkbox"/> On appeal<br><input type="checkbox"/> Concluded |

**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**

Check all that apply and fill in the details below.

No. Go to line 11.

Yes. Fill in the information below.

|  |   |       |                       |
|--|---|-------|-----------------------|
| Creditor's Name<br>_____               | Describe the property   | Date  | Value of the property |
| Number Street<br>_____                 | Explain what happened   |       |                       |
| City      State      Zip Code<br>_____ | <input type="checkbox"/> Property was repossessed.<br><input type="checkbox"/> Property was foreclosed.<br><input type="checkbox"/> Property was garnished.<br><input type="checkbox"/> Property was attached, seized, or levied. | _____ |                       |
| Creditor's Name<br>_____               | Describe the property   | Date  | Value of the property |
| Number Street<br>_____                 | Explain what happened   |       |                       |
| City      State      Zip Code<br>_____ | <input type="checkbox"/> Property was repossessed.<br><input type="checkbox"/> Property was foreclosed.<br><input type="checkbox"/> Property was garnished.<br><input type="checkbox"/> Property was attached, seized, or levied. | _____ |                       |

Debtor 1 Kendra \_\_\_\_\_ Jeffery \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No

Yes. Fill in the details.

| Describe the action the creditor took | Date action was taken | Amount |
|---------------------------------------|-----------------------|--------|
|                                       |                       |        |

Creditor's Name \_\_\_\_\_

Number Street \_\_\_\_\_

Last 4 digits of account number: XXXX-

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No

Yes

#### Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No

Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person

| Describe the gifts | Dates you gave the gifts | Value |
|--------------------|--------------------------|-------|
|                    |                          |       |
|                    |                          |       |

Person to Whom You Gave the Gift \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Person's relationship to you \_\_\_\_\_

Person to Whom You Gave the Gift \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Person's relationship to you \_\_\_\_\_

Debtor 1 Kendra \_\_\_\_\_ Jeffery \_\_\_\_\_ Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

**14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?**

No

Yes. Fill in the details for each gift or contribution.

| Gifts or contributions to charities<br>that total more than \$600 | Describe what you contributed | Date you<br>contributed | Value |
|---|-------------------------------|-------------------------|-------|
| Charity's Name<br><br>_____<br>_____                              | _____                         | _____                   | _____ |
| Number Street<br><br>_____<br>_____                               | _____                         | _____                   | _____ |
| City _____ State _____ Zip Code _____                             | _____                         | _____                   | _____ |

**Part 6: List Certain Losses**

**15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?**

No

Yes. Fill in the details.

| Describe the property you lost and<br>how the loss occurred | Describe any insurance coverage for the loss<br>Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. | Date of your<br>loss | Value of property<br>lost |
|---|---|----------------------|---------------------------|
| _____   | _____   | _____                | _____                     |

**Part 7: List Certain Payments or Transfers**

**16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No

Yes. Fill in the details.

| Description and value of any property<br>transferred  | Date payment<br>or transfer<br>was made | Amount of<br>payment |
|---|---|----------------------|
| Attorney's Fee - 0.00<br><br>_____  | 10/10/2019                              | \$0.00               |
| Person Who Was Paid<br><br>_____<br>_____   | _____                                   | _____                |
| Number Street<br><br>_____<br>_____   | _____                                   | _____                |
| City _____ State _____ Zip Code _____<br><br>Email or website address<br><br>_____<br>_____ | _____                                   | _____                |
| Person Who Made the Payment, if Not You<br><br>_____<br>_____                               | _____                                   | _____                |
| Person Who Was Paid<br><br>_____<br>_____   | _____                                   | _____                |
| Number Street<br><br>_____<br>_____   | _____                                   | _____                |
| City _____ State _____ Zip Code _____<br><br>Email or website address<br><br>_____<br>_____ | _____                                   | _____                |
| Person Who Made the Payment, if Not You<br><br>_____<br>_____                               | _____                                   | _____                |

Debtor 1 Kendra \_\_\_\_\_  
 First Name Jeffery \_\_\_\_\_  
 Middle Name Last Name \_\_\_\_\_ Case number (if known) \_\_\_\_\_

**17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?**

Do not include any payment or transfer that you listed on line 16.

No

Yes. Fill in the details.

Person Who Was Paid \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Description and value of any property transferred**

**Date payment or transfer was made**

**Amount of payment**

**18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No

Yes. Fill in the details.

Person Who Received Transfer \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Person's relationship to you \_\_\_\_\_

**Description and value of property transferred**

**Describe any property or payments received or debts paid in exchange**

**Date transfer was made**

Person Who Received Transfer \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Person's relationship to you \_\_\_\_\_

**19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary?**

(These are often called asset-protection devices.)

No

Yes. Fill in the details.

Name of trust \_\_\_\_\_

**Description and value of the property transferred**

**Date transfer was made**

Debtor 1 Kendra \_\_\_\_\_ Jeffery \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

**20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?**

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No

Yes. Fill in the details.

| Last 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, or transferred   | Last balance before closing or transfer |
|---------------------------------|-------------------------------|--|---|
| Person Who Was Paid             | XXXX-                         | <input type="checkbox"/> Checking<br><input type="checkbox"/> Savings<br><input type="checkbox"/> Money market<br><input type="checkbox"/> Brokerage<br><input type="checkbox"/> Other | _____                                   |
| Number Street                   |                               |  | _____                                   |
| City State Zip Code             |                               |  |   |
| Person Who Was Paid             | XXXX-                         | <input type="checkbox"/> Checking<br><input type="checkbox"/> Savings<br><input type="checkbox"/> Money market<br><input type="checkbox"/> Brokerage<br><input type="checkbox"/> Other | _____                                   |
| Number Street                   |                               |  | _____                                   |
| City State Zip Code             |                               |  |   |

**21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?**

No

Yes. Fill in the details.

| Who else had access to it?    | Describe the contents | Do you still have it?                                       |
|-------------------------------|-----------------------|---|
| Name of Financial Institution | Name                  | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |
| Number Street                 | Number Street         |   |
| City State Zip Code           |                       |   |
| City State Zip Code           |                       |   |

**22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?**

No

Yes. Fill in the details.

| Who else had access to it? | Describe the contents | Do you still have it?                                       |
|----------------------------|-----------------------|---|
| Name of Storage Facility   | Name                  | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |
| Number Street              | Number Street         |   |
| City State Zip Code        |                       |   |
| City State Zip Code        |                       |   |

Debtor 1 Kendra \_\_\_\_\_ Jeffery \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 9: Identify Property You Hold or Control for Someone Else**

**23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.**

No

Yes. Fill in the details.

| Where is the property?  | Describe the contents          | Value |
|---|--------------------------------|-------|
| Owner's Name<br>_____<br>Number Street<br>_____<br>_____<br>City _____ State _____ Zip Code _____ | NumberStreet<br>_____<br>_____ | _____ |

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- *Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- *Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- *Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

**24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?**

No

Yes. Fill in the details.

| Governmental unit   | Environmental law, if you know it                            | Date of notice |
|---|--|----------------|
| Name of site<br>_____<br>Number Street<br>_____<br>_____<br>City _____ State _____ Zip Code _____ | Governmental unit<br>_____<br>NumberStreet<br>_____<br>_____ | _____          |

**25. Have you notified any governmental unit of any release of hazardous material?**

No

Yes. Fill in the details.

| Governmental unit   | Environmental law, if you know it                            | Date of notice |
|---|--|----------------|
| Name of site<br>_____<br>Number Street<br>_____<br>_____<br>City _____ State _____ Zip Code _____ | Governmental unit<br>_____<br>NumberStreet<br>_____<br>_____ | _____          |

Debtor 1 Kendra \_\_\_\_\_ Jeffery \_\_\_\_\_ Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

**26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

No  
 Yes. Fill in the details.

| Court or agency                                | Nature of the case  | Status of the case   |
|--|---|--|
| Case title<br>_____<br><br>Court Name<br>_____ | NumberStreet<br>_____<br><br>City State Zip Code<br>_____ | <input type="checkbox"/> Pending<br><input type="checkbox"/> On appeal<br><input type="checkbox"/> Concluded |

**Part 11: Give Details About Your Business or Connections to Any Business**

**27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?**

A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
 A member of a limited liability company (LLC) or limited liability partnership (LLP)  
 A partner in a partnership  
 An officer, director, or managing executive of a corporation  
 An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

|                              |  |  |
|------------------------------|--|--|
| Business Name<br>_____       | Describe the nature of the business<br>_____ | Employer Identification number Do not include Social Security number or ITIN.<br>EIN:<br>_____ |
| Number Street<br>_____       | Name of accountant or bookkeeper<br>_____    | Dates business existed<br>From _____ To _____  |
| City State Zip Code<br>_____ | _____  | _____  |
| Business Name<br>_____       | Describe the nature of the business<br>_____ | Employer Identification number Do not include Social Security number or ITIN.<br>EIN:<br>_____ |
| Number Street<br>_____       | Name of accountant or bookkeeper<br>_____    | Dates business existed<br>From _____ To _____  |
| City State Zip Code<br>_____ | _____  | _____  |
| Business Name<br>_____       | Describe the nature of the business<br>_____ | Employer Identification number Do not include Social Security number or ITIN.<br>EIN:<br>_____ |
| Number Street<br>_____       | Name of accountant or bookkeeper<br>_____    | Dates business existed<br>From _____ To _____  |
| City State Zip Code<br>_____ | _____  | _____  |

Debtor 1 Kendra \_\_\_\_\_ Jeffery \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No

Yes. Fill in the details below.

Date issued

Name \_\_\_\_\_ MM/DD/YYYY \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.



/s/ Kendra Jeffery

Signature of Debtor 1

Date 10/10/2019



Signature of Debtor 2

Date

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

No

Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

|   |            |             |                     |
|---|------------|-------------|---------------------|
| Debtor 1                                | Kendra     | Jeffery     |                     |
|   | First Name | Middle Name | Last Name           |
| Debtor 2<br>(Spouse, if filing)         | First Name | Middle Name | Last Name           |
| United States Bankruptcy Court for the: | Northern   | District of | Illinois<br>(State) |
| Case number<br>(If known)               |            |             |                     |

Check if this is an amended filing

## Official Form 108

### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims

- For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral                 | What do you intend to do with the property that secures a debt?  | Did you claim the property as exempt on Schedule C?           |
|---|--|---|
| Creditor's name:<br><hr/> Description of property securing debt:<br><hr/> | <input type="checkbox"/> Surrender the property.<br><input type="checkbox"/> Retain the property and redeem it.<br><input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> .<br><input type="checkbox"/> Retain the property and [explain]: _____ | <input type="checkbox"/> No.<br><input type="checkbox"/> Yes. |
| Creditor's name:<br><hr/> Description of property securing debt:<br><hr/> | <input type="checkbox"/> Surrender the property.<br><input type="checkbox"/> Retain the property and redeem it.<br><input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> .<br><input type="checkbox"/> Retain the property and [explain]: _____ | <input type="checkbox"/> No.<br><input type="checkbox"/> Yes. |
| Creditor's name:<br><hr/> Description of property securing debt:<br><hr/> | <input type="checkbox"/> Surrender the property.<br><input type="checkbox"/> Retain the property and redeem it.<br><input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> .<br><input type="checkbox"/> Retain the property and [explain]: _____ | <input type="checkbox"/> No.<br><input type="checkbox"/> Yes. |
| Creditor's name:<br><hr/> Description of property securing debt:<br><hr/> | <input type="checkbox"/> Surrender the property.<br><input type="checkbox"/> Retain the property and redeem it.<br><input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> .<br><input type="checkbox"/> Retain the property and [explain]: _____ | <input type="checkbox"/> No.<br><input type="checkbox"/> Yes. |

Debtor Kendra  
1 First Name Middle Name Jeffery Last Name Case number (if known)

**Part 2: List Your Unexpired Personal Property Leases**

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

| Describe your unexpired personal property leases | Will the lease be assumed?                                  |
|--|---|
| Lessor's name:                                   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |
| Description of leased property:                  |   |
| Lessor's name:                                   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |
| Description of leased property:                  |   |
| Lessor's name:                                   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |
| Description of leased property:                  |   |
| Lessor's name:                                   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |
| Description of leased property:                  |   |
| Lessor's name:                                   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |
| Description of leased property:                  |   |
| Lessor's name:                                   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |
| Description of leased property:                  |   |
| Lessor's name:                                   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |
| Description of leased property:                  |   |
| Lessor's name:                                   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |
| Description of leased property:                  |   |

**Part 3: Sign Below**

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

  
Signature of Debtor 1

Date 10/10/2019  
MM/DD/YYYY

  
Signature of Debtor 2

Date                     
MM/DD/YYYY

**UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois**

In re \_\_\_\_\_  
Kendra Jeffery  
Debtor

Case No. \_\_\_\_\_  
(If known)  
Chapter \_\_\_\_\_  
**Chapter 7**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the abovenamed debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

|   |                   |
|---|-------------------|
| For legal services, I have agreed to accept           | <u>\$1,465.00</u> |
| Prior to the filing of this statement I have received | <u>\$0.00</u>     |
| Balance Due   | <u>\$1,465.00</u> |

2. The source of the compensation paid to me was:

Debtor       Other (specify) \_\_\_\_\_

3. The source of the compensation paid to me is:

Debtor       Other (specify) \_\_\_\_\_

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings.

10/10/2019

Date

/s/ Adriana Cross

Signature of Attorney

Semrad Law Firm

Name of law firm

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

## This notice is for you if:

- **You are an individual filing for bankruptcy,**  
and
- **Your debts are primarily consumer debts.**

*Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 — Liquidation
- Chapter 11 — Reorganization
- Chapter 12 — Voluntary repayment plan for family farmers or fishermen
- Chapter 13 — Voluntary repayment plan for individuals with regular income

## You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

## Chapter 7: Liquidation

|       |                    |
|-------|--------------------|
| \$245 | filing fee         |
| \$75  | administrative fee |
| +     |                    |
| \$15  | trustee surcharge  |
|       |                    |
| \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

---

## Chapter 11: Reorganization

---

|         |                    |
|---------|--------------------|
| \$1,167 | filing fee         |
| + \$550 | administrative fee |
| <hr/>   |                    |
| \$1,717 | total fee          |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

## Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

**You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.**

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|               |                    |
|---------------|--------------------|
| \$200         | filing fee         |
| +        \$75 | administrative fee |
|               |                    |
| \$275         | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

### Chapter 13: Repayment plan for individuals with regular income

|               |                    |
|---------------|--------------------|
| \$235         | filing fee         |
| +        \$75 | administrative fee |
|               |                    |
| \$310         | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### **Warning: File Your Forms on Time**

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:  
[http://www.uscourts.gov/bkforms/bankruptcy\\_forms.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure).

### **Bankruptcy crimes have serious consequences**

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury - either orally or in writing - in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### **Make sure the court has your mailing address**

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### **Understand which services you could receive from credit counseling agencies**

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:  
[http://www.justice.gov/ust/eo/hapcpa/ccde/cc\\_approved.html](http://www.justice.gov/ust/eo/hapcpa/ccde/cc_approved.html)

In Alabama and North Carolina, go to:  
<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit20AndDebtCounselors.aspx>

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

**UNITED STATES BANKRUPTCY COURT**  
**Northern District of Illinois**

In re: Jeffery, Kendra \_\_\_\_\_ Case No. \_\_\_\_\_  
Debtor(s) \_\_\_\_\_ Chapter. \_\_\_\_\_ **Chapter7** \_\_\_\_\_

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: 10/10/2019 \_\_\_\_\_ /s/ Jeffery, Kendra \_\_\_\_\_  
\_\_\_\_\_  
Jeffery, Kendra  
*Signature of Debtor*

RENTDEBT AUTOMATED COL  
2802 OPRYLAND DR  
NASHVILLE, TN, 37214

Navient  
PO Box 9635  
Wilkes Barre, PA, 18773

ACCEPTANCE NOW  
5501 Headquarters Dr  
ATTN: Acceptance Now Customer Service  
Plano, TX, 75024

RECEIVABLES PERFORMANCE  
20816 44th Ave W  
Lynnwood, WA, 98036

CAPITAL ONE BANK USA N  
PO BOX 85520  
RICHMOND, VA, 23285

Keynote Consulting  
220 W. Campus Drive # 102  
Arlington Heights, IL, 60004

PHOENIX FINANCIAL SERV  
8902 OTIS AVE STE 103A  
INDIANAPOLIS, IN, 46216

ENHANCED RECOVERY CO L  
8014 BAYBERRY RD  
JACKSONVILLE, FL, 32256

LVNV FUNDING LLC  
PO Box 10587  
Greenville, SC, 29603

ARS  
P.O. BOX 469100  
Escondido, CA, 92046

AFNI, INC.  
PO Box 3517  
Bloomington, IL, 61702

CREDITORS DISCOUNT & A  
415 E MAIN ST  
STREATOR, IL, 61364

MERCHANTS CREDIT GUIDE  
223 W JACKSON BLVD # 700  
Chicago, IL, 60606

CHOICEREcov  
POB 20790  
COLUMBUS, OH, 43220

OPPITY FIN  
11 E. ADAMS SUITE 501  
CHICAGO, IL, 60603

ATG CREDIT  
1700 W CORTLAND ST STE 2  
CHICAGO, IL, 60622

FED LOAN SERV  
P.O. Box 69184  
Harrisburg, PA, 17106

GREAT LAKES CR UN  
2525 GREEN BAY RD  
NORTH CHICAGO, IL, 60064

CREDIT ONE BANK NA  
PO BOX 98875  
LAS VEGAS, NV, 89193

SYNCB/OLD NAVY  
Po Box 530942  
Atlanta, GA, 30353

DEPTEDNELNET  
PO Box 740283  
Atlanta, GA, 30374

HARRIS & HARRIS LTD  
222 Merchandise Mart Plaza, Suite 1900  
Chicago, IL, 60654

ALLY FINANCIAL  
200 RENAISSANCE CTR  
DETROIT, MI, 48243

AFS ACCEPTANCE LLC  
P.O. Box 189007  
Plantation, FL, 33318

City of Chicago - Parking and red Light Tickets  
121 N. LaSalle Street  
Chicago, IL, 60602

PLS  
3175 175th St  
Suite 3  
Hazel Crest, IL, 60429

Cash Aisle  
PO BOX 572  
Lac Du Flambeau, WI, 54538

Madison Trust Group  
PO BOX 230  
#1 Wakpamni Lake Housing  
Batesland, SD, 57716

Little Company of Mary Hospital and Health Care Centers  
2800 95th St  
Evergreen Park, IL, 60805

T mobile Bankruptcy Team  
PO Box 53410  
Bellevue, WA, 98015

Methodist Hospital  
600 Grant Street  
Gary, IN, 46402

Smart Tuition  
10 Woodbridge Center Dr #200  
Woodbridge, NJ, 07095

Mercy Medical Group  
28231 Network Pl  
Chicago, IL, 60673

Progressive Leasing  
10619 South Jordan Gateway # 100  
South Jordan, UT, 84095

Debtor 1 Kendra  
First Name

Middle Name

Jeffery  
Last Name

Case number (if known)

**Part 6: Answer These Questions for Reporting Purposes**

**16. What kind of debts do you have?**

**16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."**

No. Go to line 16b.  
 Yes. Go to line 17.

**16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.**

No. Go to line 16c.  
 Yes. Go to line 17.

**16c. State the type of debts you owe that are not consumer debts or business debts.**

**17. Are you filing under Chapter 7?**

**Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?**

No. I am not filing under Chapter 7. Go to line 18.

Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?

No.  
 Yes.

**18. How many creditors do you estimate that you owe?**

|  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input type="checkbox"/> 50-99           | <input type="checkbox"/> 5,001-10,000  | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199         | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999         |  |  |

**19. How much do you estimate your assets to be worth?**

|  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000      | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000     | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million   | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |

**20. How much do you estimate your liabilities to be?**

|  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000                  | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input checked="" type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000           | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million         | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |

**Part 7: Sign Below**

**For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X

/s/ Kendra Jeffery  
Signature of Debtor 1

X

Signature of Debtor 2

Executed on 10/10/2019  
MM / DD / YYYY

Executed on

MM / DD / YYYY

Fill in this information to identify your case:

|   |            |                      |           |
|---|------------|----------------------|-----------|
| Debtor 1                                | Kendra     | Jeffery              |           |
|   | First Name | Middle Name          | Last Name |
| Debtor 2<br>(Spouse, if filing)         | First Name | Middle Name          | Last Name |
| United States Bankruptcy Court for the: | Northern   | District of Illinois |           |
| Case number<br>(If known)               |            |                      |           |

Check if this is an amended filing

## Official Form 106Dec

### Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

#### Part 1: Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

/s/ Kendra Jeffery  
Signature of Debtor 1

Date 10/10/2019  
MM/DD/YYYY

\_\_\_\_\_  
Signature of Debtor 2

Date \_\_\_\_\_  
MM/DD/YYYY

Debtor 1 Kendra \_\_\_\_\_ Jeffery \_\_\_\_\_ Case number (*if known*) \_\_\_\_\_  
First Name Middle Name Last Name

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No

Yes. Fill in the details below.

Date issued

Name \_\_\_\_\_

MM/DD/YYYY \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Kendra Jeffery  
Signature of Debtor 1

Signature of Debtor 2

Date 10/10/2019

Date

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

No

Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Debtor Kendra  
1 First Name Middle Name Last Name Case number (if known)

**Part 2: List Your Unexpired Personal Property Leases**

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

**Describe your unexpired personal property leases**

**Will the lease be assumed?**

Lessor's name:

No  
 Yes

Description of leased property:

**Part 3: Sign Below**

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

/s/ Kendra Jeffery  
Signature of Debtor 1



Date 10/10/2019  
MM/DD/YYYY

\_\_\_\_\_  
Signature of Debtor 2

Date \_\_\_\_\_  
MM/DD/YYYY

**UNITED STATES BANKRUPTCY COURT**  
Northern District of Illinois

In re: Jeffery, Kendra  
Debtor(s)

Case No. \_\_\_\_\_

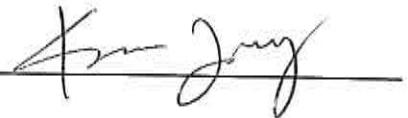
Chapter. Chapter7

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: 10/10/2019

/s/ Jeffery, Kendra  
Jeffery, Kendra  
*Signature of Debtor*



|  |   |                        |
|--|---|------------------------|
| Debtor 1 Kendra  | Jeffery   | Case number (if known) |
| First Name   | Middle Name                                     | Last Name              |
|  |   |                        |
| Column A<br>Debtor 1   | Column B<br>Debtor 2 or<br>non-filing spouse    |                        |
| <b>8. Unemployment compensation</b><br>Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:<br>For you <u>\$0.00</u><br>For your spouse <u>\$0.00</u>   | <u>\$0.00</u>                                   |                        |
| <b>9. Pension or retirement income.</b> Do not include any amount received that was a benefit under the Social Security Act. <u>\$0.00</u>   |   |                        |
| <b>10. Income from all other sources not listed above.</b> Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. |   |                        |
| Total amounts from separate pages, if any.   | <u>+\$0.00</u>                                  |                        |
| <b>11. Calculate your total current monthly income.</b> Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.   | <u>\$1,895.00</u> + <u></u> = <u>\$1,895.00</u> |                        |
| <b>Total current monthly income</b>  |   |                        |

## Part 2: Determine Whether the Means Test Applies to You

12. Calculate your current monthly income for the year. Follow these steps:

12a. Copy your total current monthly income from line 11.

Copy line 11 here →

\$1,895.00

Multiply by 12 (the number of months in a year).

X 12

12b. The result is your annual income for this part of the form.

12b. \$22,740.00

13 Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live.

Illinois

Fill in the number of people in your household.

4

Fill in the median family income for your state and size of household.

13.

\$98,603.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?

14a.  Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse.  
Go to Part 3.

14b.  Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2.  
Go to Part 3 and fill out Form 122A-2.

## Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

**x** /s/ Kendra Jeffery  
Signature of Debtor 1

Date 10/10/2019  
MM/DD/YYYY

**x**  
Signature of Debtor 2

Date 10/10/2019  
MM/DD/YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.  
If you checked line 14b, fill out Form 122A-2 and file it with this form.

UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

In re Kendra Jeffery Case No. \_\_\_\_\_  
Debtor (If known)  
Chapter Chapter 7

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the abovenamed debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

|   |                   |
|---|-------------------|
| For legal services, I have agreed to accept           | <u>\$1,465.00</u> |
| Prior to the filing of this statement I have received | <u>\$0.00</u>     |
| Balance Due   | <u>\$1,465.00</u> |

2. The source of the compensation paid to me was:

Debtor  Other (specify)

3. The source of the compensation paid to me is:

Debtor  Other (specify)

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

**CERTIFICATION**

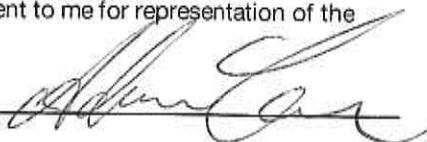
I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings.

10/10/2019

Date

/s/ Adriana Cross

Signature of Attorney



Semrad Law Firm

Name of law firm



## THE SEMRAD LAW FIRM

Atorneys & Counselors at Law  
20 S. Clark, 28<sup>th</sup> Floor  
Chicago, IL 60603  
(312) 913-0625

Thank you for selecting The Semrad Law Firm LLC (the "Firm") as legal counsel. It is our policy to confirm in writing the terms of our engagement, including the scope of our representation and how we will charge for our legal services. Those terms are set forth below.

1. Scope of Representation. The Firm will be representing you in all aspects of your Bankruptcy case filed under Chapter 7 of the United States Bankruptcy Code except for any adversary proceedings that may be filed against you. The scope of this representation does not include any other civil or criminal proceedings.
2. Conditional Representation. The Firm has agreed to represent you on the condition that you will enter into and sign an agreement after the filing of your bankruptcy case to pay the Firm for services rendered after the filing of your case. If you refuse to enter into and sign the agreement within ten (10) days after the filing of your case, the Firm will file a motion to withdraw from representing you.
3. Prepetition Fees.
  - a. Before the case is filed, the Firm agrees to:
    - i. Personally counsel you regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures as well as non-bankruptcy options, and answer your questions;
    - ii. Personally explain to you that the Firm is being engaged to represent you on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees are determined and paid;
    - iii. Personally review with you and sign the completed petition, statements, and schedules;
    - iv. Timely prepare and file your petition, statements, and schedules;
    - v. Advise you on which creditors you will need to continue to pay, such as housing or vehicle payments that you intend to retain.
  - b. The fee for services provided before the case is filed is \$0.00.
  - c. The Firm may also incur costs for such items as credit reports and tax transcripts for which it will not seek reimbursement.
4. Post-Petition Fees.
  - a. After the case is filed, the Firm agrees to:
    - i. Advise you of the requirement to attend the meeting of creditors and notify you of the date, time, and place of the meeting;

Kendrea Jeffery

- ii. Advise you of the requirement to attend a debtor education course and provide a certificate of completion to the Firm;
- iii. Send notice of your case filing to creditors;
- iv. Correspond with creditors regarding any matters necessary for the administration of your case, including to cease payroll garnishments, unfreeze bank accounts, or recover property that was improperly seized by a creditor;
- v. Timely submit to the Chapter 7 trustee properly documented proof of income, tax records as well as any other necessary documentation;
- vi. Provide you with knowledgeable legal representation at the meeting of creditors as well as any continued or rescheduled meetings in time for check-in and examination;
- vii. Timely prepare and file the notice of completion of the debtor education course;
- viii. If the Firm will be employing another attorney to attend the meeting of creditors, personally explain to you, in advance, the role and identity of the other attorneys and provide that attorney with your file in sufficient time to review it and properly represent you at the meeting;
- ix. Timely negotiate with the Trustee regarding any property or actions that the Trustee may pursue that could be adverse to your interests;
- x. Timely prepare, file, and serve any necessary statements, amended statements, amended schedules and any change of address, in accordance with information provided by you;
- xi. Monitor all incoming case information, including but not limited to, Reaffirmation agreements, notice of audits by the US Trustee, correspondence from you or any interested parties;
- xii. Review and negotiate, if necessary, any reaffirmation agreements and personally explain the terms of said agreements to you;
- xiii. Be available to respond to your questions throughout the term of the case;
- xiv. Review and timely respond, if necessary, to Trustee motions to dismiss the case;
- xv. Review and timely respond, if necessary, to motions for relief from stay;
- xvi. Prepare, file, and serve all appropriate motions to avoid liens;
- xvii. Prepare, file, and serve all appropriate motion to redeem;
- xviii. Send *In Re Mendiola* letters to previously undisclosed creditors; and
- xix. Provide any other legal services necessary for the administration of the case.

- b. The fee for services provide after the case is filed is **\$1,465.00**.
- c. The firm will have no right to payment of the fee listed in section 4(b) unless you sign an agreement after the filing of your bankruptcy case to pay the Firm for services rendered after the filing of your case.

Kendrea Jeffery

d. After the case is filed, the Bankruptcy Court will require payment of filing fees in the amount of \$335.00. In order to pay this, you have two (2) options (please circle one):



i. Pay the costs directly to the bankruptcy court either all at once, or apply to pay these costs in installments; or

ii. Request that the Firm pay the costs on your behalf for which it will seek reimbursement from you;

5. Retainers and Payments to the Firm.

a. The fee being charged to you is a flat fee for services rendered during the Chapter 7 case and will be applied without the need for the Firm to keep detailed time records for the specific services performed.

b. Any funds paid to the Firm shall immediately become property of the Firm and will be deposited into the operating account of the Firm and will be used for general expenses of the firm.

c. While it is ordinarily your option to deposit funds with an attorney that shall remain your property as security for future services, the Firm does not represent clients under such a security retainer because bankruptcy cases require many disparate tasks and functions for the attorneys and support staff; some of which require legal expertise while others may only be ministerial in nature. The benefit to you is the firm's commitment to perform any and all work necessary to represent you in this Chapter 7 bankruptcy.

6. Right to Hire New Counsel. You always have the right at any time to terminate the Firm's representation and hire new counsel. Should you refuse to sign an agreement after the filing of your bankruptcy case to pay the Firm for services rendered after the filing of your case, and the Firm moves to withdraw from representing you, you are strongly encouraged to hire new counsel.

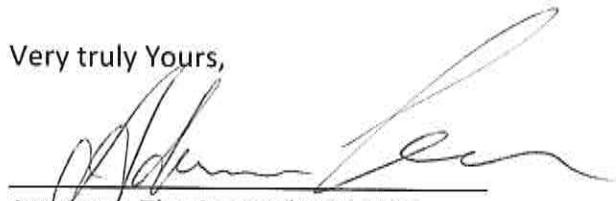
7. Conflict Waiver. There is an inherent conflict wherever attorneys represent debtors in bankruptcy for a fee. The Firm is working to alleviate financial issues, while at the same time charging a fee. There have also previously been cases that questioned whether asking you to sign an agreement after the filing of your bankruptcy case to pay the Firm for services rendered after the filing of your case presents a possible additional conflict of interest. The Firm may only represent you if that representation will not be materially limited by the Firm's own interests. We believe our ability to represent you will not be affected by your ongoing obligation to pay our post-petition fee. By signing this agreement, you are waiving this conflict and are allowing us to represent you. You

Kendrea Jeffery

do not have to waive this conflict of interest and can instead choose for the Firm not to represent you. You also have the right to consult separate counsel to discuss whether you should waive this conflict.

8. Merger. This agreement constitutes the entire agreement between you and the Firm. Any previous discussions or agreements are not valid or enforceable unless contained in this document.

Very truly Yours,

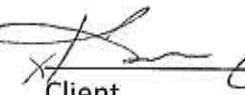
  
Attorney, The Semrad Law Firm

CONFIRMED:

  
Client

\_\_\_\_\_

Client

  
X 10-10-19  
Date

\_\_\_\_\_

Date

Disclosure Pursuant to 11 U.S.C. §527(a)(2)

You are notified:

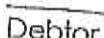
1. All information that you are required to provide with a petition and thereafter during a case under the Bankruptcy Code is required to be complete, accurate, and truthful.
2. All assets and all liabilities are required to be completely and accurately disclosed in the documents filed to commence the case. Some places in the Bankruptcy Code require that you list the replacement value of each asset. This must be the replacement value of the property at the date of filing the petition, without deducting for costs of sale or marketing, established after a reasonable inquiry. For property acquired for personal, family, or household use, replacement value means the price a retail merchant would charge for property of that kind, considering the age and condition of the property.
3. The following information, which appears on Official Form 22, Statement of Current Monthly Income, is required to be stated after reasonable inquiry: current monthly income, the amounts specified in section 707(b)(2), and, in a case under chapter 13 of the Bankruptcy Code, disposable income (determined in accordance with section 707(b)(2)).
4. Information that you provide during your case may be audited pursuant to provisions of the Bankruptcy Code. Failure to provide such information may result in dismissal of the case under this title or other sanction, including criminal sanctions.

I have been provided a copy of the above disclosure.

  
Debtor



X 10-10-19  
Date

  
Debtor

  
Date

**IMPORTANT INFORMATION ABOUT BANKRUPTCY ASSISTANCE SERVICES FROM AN ATTORNEY OR BANKRUPTCY PETITION PREPARER.**

If you decide to seek bankruptcy relief, you can represent yourself, you can hire an attorney to represent you, or you can get help in some localities from a bankruptcy petition preparer who is not an attorney. THE LAW REQUIRES AN ATTORNEY OR BANKRUPTCY PETITION PREPARER TO GIVE YOU A WRITTEN CONTRACT SPECIFYING WHAT THE ATTORNEY OR BANKRUPTCY PETITION PREPARER WILL DO FOR YOU AND HOW MUCH IT WILL COST. Ask to see the contract before you hire anyone.

The following information helps you understand what must be done in a routine bankruptcy case to help you evaluate how much service you need. Although bankruptcy can be complex, many cases are routine.

Before filing a bankruptcy case, either you or your attorney should analyze your eligibility for different forms of debt relief available under the Bankruptcy Code and which form of relief is most likely to be beneficial for you. Be sure you understand the relief you can obtain and its limitations. To file a bankruptcy case, documents called a Petition, Schedules and Statement of Financial Affairs, as well as in some cases a Statement of Intention need to be prepared correctly and filed with the bankruptcy court. You will have to pay a filing fee to the bankruptcy court. Once your case starts, you will have to attend the required first meeting of the creditors where you may be questioned by a court official called a 'trustee' and by creditors.

If you choose to file a chapter 7 case, you may be asked by a creditor to reaffirm a debt. You may want help deciding whether to do so. A creditor is not permitted to coerce you into reaffirming your debts.

If you choose to file a chapter 13 case in which you repay your creditors what you can afford over 3 to 5 years, you may also want help with preparing your chapter 13 plan and with the confirmation hearing on your plan which will be before a bankruptcy judge.

If you select another type of relief under the Bankruptcy Code other than chapter 7 or chapter 13, you will want to find out what should be done from someone familiar with that type of relief.

Your bankruptcy case may also involve litigation. You are generally permitted to represent yourself in litigation in bankruptcy court, but only attorneys, not bankruptcy petition preparers, can give you legal advice.

I have been provided a copy of the above disclosure.

  
Debtor

10-10-19  
Date

  
Debtor

Date

DISCLAIMER REGARDING STRATUS INTELLIGENCE

Please be advised that some of the partners of this firm have a financial interest in the company, Stratus Intelligence, LLC , that developed and provides to this firm (as well as other firms) the computer software used process its clients' matters. You will not be charged any extra fees or costs as a result of the firm's use of this software as compared to other software. However, as a result of his financial interest in the software company, the interested partners will receive a financial benefit in the range of \$10-15 from the use of this software to process your matter should you determine to retain the firm for your case. The firm does not utilize any other software to process its clients' matters. The firm's use of the software does not impact on the obligations of firm attorneys to exercise independent professional judgment on your behalf with respect to your matter. You are, of course, free to select any counsel of your choice to represent you with respect to your matter.

I have read and understand the above disclaimer.

  
Debtor

X 10-10-19  
Date

                          
Debtor

                          
Date

## THE SEMRAD LAW FIRM, LLC

### CHAPTER 7 CHICAGO PARKING TICKETS DISCLAIMER

You have chosen to file a Chapter 7 bankruptcy and have included parking tickets owed to the City of Chicago in your list of debts. Parking tickets are not dischargeable in Chapter 7. However, effective January 1, 2019, the City of Chicago has enacted an ordinance that will waive parking, standing, compliance, automated camera tickets, fees and penalties including boot, impound, storage, and administrative fees, as long as those debts are more than 3 years old as of the date you file your Chapter 7 filing.

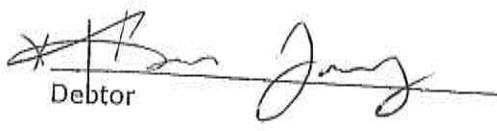
In the event you owe any recent Chicago tickets or fees than are less than 3 years old, you will have to complete a payment plan for the recent tickets and fees before any old tickets or fees are waived. The payment plan offered by the City of Chicago can be viewed at [https://www.cityofchicago.org/city/en/depts/fin/supp\\_info/revenue/parking\\_and\\_red-lightticketpaymentplans.html](https://www.cityofchicago.org/city/en/depts/fin/supp_info/revenue/parking_and_red-lightticketpaymentplans.html).

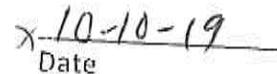
**WARNING:** If you begin a payment plan for recent tickets and fees and then default on that plan, no tickets will be waived and you will be responsible for the full amount due including all older tickets and fees.

**WARNING for BOOTED and IMPOUNDED VEHICLES:** If your vehicle has been booted and/or impounded after being booted, the City will release your vehicle after you have filed a Chapter 7 and met the following requirements: 1) Pay 25% of your tickets less than 3 years old and 2) Enroll in the Fresh Start payment plan.

If your vehicle has been impounded due to driving on a suspended license or any other moving violation, you will also be required to pay a \$1000.00 administrative penalty in addition to the above requirements before your vehicle will be released.

Because this ordinance is very recent and has not been sufficiently tested, it is difficult to DebtStoppers to advise you as to whether you should file a Chapter 7 or Chapter 13 for Chicago parking tickets. This ordinance only applies to tickets issued by the City of Chicago and does not apply to any other municipalities or state tickets. This ordinance does not apply to Illinois tollways violations. These other debts will remain non-dischargeable if you file a Chapter 7. If you also have these debts or are concerned about your ability to successfully complete the plan offered by the City of Chicago, a Chapter 13 may be a better option since it is the only type of bankruptcy that can discharge governmental fines such as parking tickets and tollway violations.

  
Debtor

  
Date

  
Debtor

  
Date

The Semrad Law Firm, LLC  
20 S. Clark Street, 28<sup>th</sup> Floor Chicago IL 60603

CHAPTER 7 DISCLAIMERS

- I understand that The Semrad Law Firm, LLC has pulled my credit report, but that credit report does not report every debt I owe. I understand that it is my responsibility to provide all my debts to The Semrad Law Firm, LLC to list in my bankruptcy.

KJ

- I agree that in the preparation of my bankruptcy petition and schedules that I have disclosed to The Semrad Law Firm, LLC all my debts, sources of income, assets, personal property, real property, transfers of real estate or any property over the past 4 years, and all expenses I have.

KJ

- I agree that I will attend my creditors meeting at the time, date, and location that will be mailed to me by the Bankruptcy Court. Failure to attend this meeting is grounds for my case to be dismissed. I understand that at this meeting I will bring my driver's license or State ID and my original social security card. I understand that failure to bring said requested documents to the meeting could be grounds for the meeting to not be held.

KJ

- I understand and agree to complete my 2<sup>nd</sup> credit counseling course (Debtor Education course) within 45 days of my original 341 meeting date, and submit a copy of the certificate to my attorney and confirm receipt of the certificate. I also understand that there will be a separate cost for the 2<sup>nd</sup> course. I understand that failure to complete this 2<sup>nd</sup> course and submit it to my attorney can be grounds to have my case close without a discharge. I understand that if my case closes without a discharge, that additional filing fees would have to be paid to re-open my case to file the 2<sup>nd</sup> Debtor Education certificate.

KJ

- If I have a garnishment coming out of my paycheck, The Semrad Law Firm, LLC will send notice of the bankruptcy to my payroll department and garnishing creditor to stop wage garnishments as long as I provide my payroll department contact information. If I choose to not provide my payroll contact information, I understand and agree that it is my responsibility to contact my payroll and garnishing creditor and provide them with proof of filing. Further, although the Semrad Law Firm, LLC will send notice of the bankruptcy filing to my payroll department and garnishing creditor, it is my responsibility to ensure notice was received.

KJ

The Semrad Law Firm, LLC  
20 S. Clark Street, 28<sup>th</sup> Floor Chicago IL 60603

6. I understand that I must have filed my federal and state taxes for the past 4 years if I was legally required to, and failure to have done so is grounds to have my case dismissed.  
KJ
7. I understand that the entire firm of The Semrad Law Firm, LLC represents me and that while a different attorney might have counseled me and prepared my case, once it is filed, my case will be assigned to the attorneys and staff of the Chapter 7 department for the remainder of my case.  
KJ
8. I understand and agree that I must fully disclose any and all assets, real property, cash, expected tax refunds, inheritance, or personal property of any kind prior to the filing of my bankruptcy.  
KJ
9. I further understand that any assets including, but not limited to real property, cash, expected tax refunds, future settlements, potential or pending lawsuits, or personal property that has equity that cannot be exempted is subject to liquidation by the Chapter 7 Trustee.  
KJ
10. I understand that the following debts will not be discharged in my Chapter 7 (this list shows the most common non-dischargeable debts, but not necessarily all): parking tickets, moving violations, student loans, certain governmental debts including taxes and code violations, and child support.  
KJ
11. I understand that if I wish to keep a secured debt, for example, a mortgage(s) or automobile, I must sign a reaffirmation agreement. I understand that even if I am current on the debt, a reaffirmation agreement is offered solely at the discretion of the creditor. I understand that for my creditor(s) to offer me a reaffirmation agreement I must be current on my monthly payment. If I do not have a reaffirmation agreement offered to me by my finance company, that I may not be able to keep my secured debt.  
KJ
12. I understand that I will work with my attorney to ensure the reaffirmation agreements are timely received, signed and filed with the Court. I understand the reaffirmation agreement must be filed with the court before the case discharges. Once the reaffirmation agreement is signed, filed with the Court and approved, the debt will be non-dischargeable. I understand that the bankruptcy judge will review my budget when approving or denying the reaffirmation agreement and that it is possible that the judge may determine that the reaffirmation is not in my best interest and deny the reaffirmation.

The Semrad Law Firm, LLC  
20 S. Clark Street, 28<sup>th</sup> Floor Chicago IL 60603

KJ

13. I understand that the scope of representation from The Semrad Law Firm, LLC does not extend to credit repair.

KJ

14. I understand that if I have made any recent credit card transactions, cash advances, or incurred loans during the 3 month period prior to my bankruptcy, an adversary lawsuit may be brought against me in bankruptcy court. An adversary is a lawsuit in which a creditor asks the court to make certain debt non-dischargeable. I understand that if I want The Semrad Law Firm, LLC to represent me in an adversary I must pay additional attorney's fees.

KJ

15. I have disclosed all prior bankruptcies that I have filed in the last eight (8) years. I further understand that if I have filed a Chapter 7 bankruptcy in the last eight (8) years, I am not eligible to file a Chapter 7 right now.

KJ

16. I understand that to be eligible for a Chapter 7 I cannot have any disposable income after paying all my monthly expenses, and I also have to pass the Form 122A Means test, and if I do have a significant amount of disposable income available or fail the Form 122A that I may be ineligible for a Chapter 7. I understand that if I do have any disposable income and we attempt to rebut the presumption, the United States Trustee may deem my case an abuse and I may have to convert to a Chapter 13 or let my case be dismissed.

KJ

17. I understand and acknowledge that when I surrender real property through my Chapter 7 bankruptcy that the property is still my responsibility until it is sold at a foreclosure sale. I must keep up the property insurance and maintenance of said property, including, but not limited to, future water bills until the sale date. I understand that, if I neglect to maintain the property and am assessed city code violations, I will be responsible to pay those fines. Further, I must continue to pay homeowners and association fees after the bankruptcy is filed until the property is sold. If I do not pay these fees the Association can sue me for the balance of unpaid fees from the filing of the bankruptcy until the property is sold.

KJ

The Semrad Law Firm, LLC  
20 S. Clark Street, 28<sup>th</sup> Floor Chicago IL 60603

18. I understand that if I have a co-signer on any of my debts, the co-signer will still be responsible for that debt after the case is filed.

KJ

19. I agree that I authorized The Semrad Law Firm, LLC to file my bankruptcy case, after I reviewed my bankruptcy petition and schedules.

KJ

City of Chicago - Fresh Start  
DISCLAIMER

1. I understand that the City of Chicago ("COC") plan payment amount quoted to me at my initial consultation is an estimate, only the COC can provide the exact number after notice is sent to them, so the terms may vary.

KJ

2. I understand that once my case is filed, notice is sent to the COC, the COC will then respond with the plan payment terms. I also understand it could take between 5-10 business days to receive a response from COC with the plan terms.

KJ

3. I understand that once the COC sends the printout outlining the terms, The Semrad Law Firm, LLC will contact me with the printout from the COC, and I will then need to take the plan payment terms, together with the Notice of filing and the ticket summary to 400 W. Superior to accept, sign the contract and make my first payment.

KJ

4. I understand that if I do not take the printout to the COC to sign and accept before my discharge, the terms expire and are no longer valid.

KJ

5. I understand that if my vehicle has been booted and/or impounded after being booted, the City will release my vehicle after I have filed a Chapter 7 and met the following requirements: 1) Pay 25% of your tickets less than 3 years old and 2) Enroll in the Fresh Start payment plan.

If my vehicle has been impounded due to driving on a suspended license or any other moving violation, you will also be required to pay a \$1000.00 administrative penalty in addition to the above requirements before your vehicle will be released.

KJ

6. I am aware that if my car is impounded, it may take between 2-6 weeks to retrieve my vehicle from the impound.

KJ

7. I understand that if my license is suspended, it will take 7-10 days to be unsuspended and I will be responsible for the reinstatement fee and SR 22 insurance.

KJ

8. I am aware that if I have a zero payment plan, that in addition to taking the plan payment terms, together with the Notice of filing and the ticket summary to 400 W. Superior to accept and sign the contract, that after my discharge I will also need to take the discharge order to 400 W. Superior.

KJ